Unity Starts from the Womb
How Early Connections Heal Families & Mitigate Intergenerational Trauma

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Members of the Catholic Psychotherapy Association
Infant Mental Health Special Interest Group

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Disclosure

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Learning Objectives

Persons who attend this workshop will be able

– To list 3 ways in which racism HARMS the wellbeing of young children and their families.
– To utilize a Catholic vision of the person & other tools to assess the effects of psychosocial stressors such as racism on children and adults.
– To specify 2 ways they will ALTER their practice due to understanding how early relationships can help heal intergenerational trauma, e.g., due to racism.
• Introduction and overview
• Part 1: Faith: Impacts of bias & racism
• Part 2: Love: Attachment as protective
• Part 3: Hope: Prevention, resilience, & healing strategies
• Q & A
Part 1

**FAITH**

Impacts of Bias and Racism on Human Development & Health

Terminology, developmental models, health outcomes

Dr. Robin Lynn Treptow

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Part 1: Racial/ethnic health disparities

1. Setting the Stage
   a. Why understand bias’s effects?
   b. Catholic psychology
   c. Define terminology

2. A Developmental Lens

3. Health disparities Data
Part 1.1 Setting the stage—

Why understand bias’s effects?
Why understand bias’s effects?

“About 99.0% of the human DNA sequence is conserved...leaving only 0.1% of the human genome to account for the entire diversity in the human species.”

(Pretorius, 2010, p. 11)
Part 1.1a Setting the stage—

Why understand bias’s effects?

By hearing stories of racism’s impact, we can create openness to ethnic/cultural differences (Al Sadi & Basit, 2017; Fowers & Davidov, 2006), & change our own biases as health providers from the inside out (Chapman et al., 2013; Chapman et al., 2018).
"’Ghosts in the nursery’ are times when we felt unresolvable fear…"
—Dr. Alicia Lieberman
Part 1.1a—Why understand bias’s effects?

**CDC on racial/ethnic health disparities**

– More than 50% of the population of US children belong to a racial or ethnic minority group (2020 Census).

– Health indicators such as life expectancy and infant mortality have improved for most Americans.

– However, “some minorities experience a disproportionate burden of preventable disease, death, and disability compared with non-minorities.”

Part 1.1a—Why understand bias’s effects?

Racial/ethnic health disparities in infancy

– In 2014, African American women had the highest % of preterm singleton births at 11.1 percent.

– Preterm singleton births ranged from 9.1% (Puerto Rican) and 7.2% (Cuban) for Hispanics.

– In 2013, infants born to African American mothers experienced 11.11 deaths per 1,000 births.

– In 2015, low-birthweight for White infants was unchanged, but for African American and Hispanic infants, it increased.

Part 1.1a—Why understand bias’s effects?

Global disparities in infancy

– In recent years, deaths of neonates (0–28 days of age) and post-neonates (28–364 days of age) make up a larger portion of overall mortality of children under 5.

Deaths in 2017 under age 5 years
Part 1.1a—Why understand bias’s effects?

Figure 3.
Racial and Ethnic Composition of Children Under Age 18
The share of children who are non-Hispanic White is projected to fall from one-half to about one-third by 2060. (In percent)

<table>
<thead>
<tr>
<th>Race/Ethnicity</th>
<th>2016</th>
<th>2060</th>
</tr>
</thead>
<tbody>
<tr>
<td>Non-Hispanic White</td>
<td>51.1</td>
<td></td>
</tr>
<tr>
<td>Hispanic</td>
<td>24.9</td>
<td></td>
</tr>
<tr>
<td>Black</td>
<td>15.1</td>
<td></td>
</tr>
<tr>
<td>All others*</td>
<td>7.1</td>
<td>16.0</td>
</tr>
<tr>
<td>Asian</td>
<td>5.2</td>
<td>13.0</td>
</tr>
</tbody>
</table>

* The other race group includes children who are American Indian and Alaska Native, Native Hawaiian and Other Pacific Islander, and Two or More Races. Note: Hispanic is considered an ethnicity, not a race. The percentages do not add to 100 because Hispanics may be any race.
Part 1.1a—Why understand bias’s effects?

Immigration itself can increase health risks

– Consistently affected negatively by social determinants of health such as poverty, food and housing insecurity, lack of educational attainment, and poor health care access.

– Face stigma (i.e., bias) and marginalization, difficulties with acculturation, and fear of deportation.

– We have a responsibility of assessing these social determinants of health and providing comprehensive care for this population.

Part 1.1b—Catholic Psychology
Catholic-Christian MetaModel of the Person
Catholic-Christian MetaModel of the Person

A Catholic developmental perspective informs the ways that social stress impacts young children and their families.

• All persons are created with innate dignity--yet we are fallen and capable to be redeemed.

• As a consequence of the fall, people turn against people--with some groups asserting dominance over others.

• Inequity/discord result and go underground as *implicit bias*.

The Human Person is:

1. Created in Imago Dei
2. Fallen and Weakened
3. Offered Redemption and Beatitude
II. Basic or Philosophical Vision of the Person

The Human Person is:

1. A Personal Unity
2. Fulfilled through Vocation
3. Flourishing in Virtue
4. Interpersonally Relational
5. Sensory Perceptual
6. Emotional
7. Rational
8. Volitional and Free

Basic Vision of Person

Each human person is:

1. Fundamentally good
2. Developmental
3. Known, loved, and awaited by a good and merciful God
Part 1.1b—Catholic Psychology

Catholic psychology

Change to reduce ethnic/racial disparities at a local level.

• **Vocation level 1**: A good, virtuous relationship with oneself, as a child of God

• **Vocation level 2**: Fulfilling relationships with spouse, family, friends, & members of religious community; as a married or single person, or commitment as a priest or nun.

• **Vocation level 3**: Meaningful work, in service to others and with the aim of transforming society
Part 1.1c—Setting the stage—

Definitions
Racial/ethnic bias

• Historically, certain groups of persons have been treated poorly due to what they look like—external markers.

• These things can be observed--and decisions are made about someone’s capability based on what others see.

• Physical traits that identify a person as a member of a racial/ethnic minority are often used to see others as less able to do well in life.

• Thus, racial/ethnic markers are one way society has justified poor treatment of others. This is known as genetic essentialism.

Part 1.1c—Definitions

Genetic essentialism

• A tendency to infer a person’s characteristics and behaviors from his or her perceived genetic makeup (p. 801).

• Assuming genes drive a behavior, condition, or social group leads to bias.

• Qualities attributed to genes are more likely to be perceived as ((p. 800):
  – (a) unchangeable and determined (predestined),
  – (b) having a specific etiology (source or cause),
  – (c) homogeneous and discrete (shared among all in a group), and
  – (d) natural (expected & beyond individuals’ control)

• Belief in genetic causation makes stereotyping, i.e., implicit bias, worse

Part 1.1c—Definitions

**Genetic essentialism** (emphases in original; p. 801)

Outcomes “unfold according to some fixed set of underlying genetic processes that people assume is largely independent of environmental influence & beyond individuals’ control.... lead[ing] people to view genetically influenced outcomes as **inescapable** & **predestined**. If the genes are present, the outcome is expected.”

Part 1.1c—Definitions

Part 1.1c—Definitions

Genetic essentialism

– Often has **negative impact** on social attitudes/behavior (p. 819)
– "a belief in fixed, identity-determining ... natures" (p. 819)
  • "if differences among people are fixed, then there is no hope that they can be reduced: the marginalized and deviant are destined to remain so" (p. 819).
– Groups are fundamentally & categorically distinct (p. 819).
  • A group’s members are all “deeply different from members of other groups, [and] fundamentally the same as one another”

Part 1.1c—Definitions

Genetic essentialism

– Creates less perceived blame and low personal responsibility
  • May leave persons passive about their health behaviors
  • Causes pessimistic about change

– Brain serves as 'secular equivalent of the soul' (p. 728)

– Greater endorsement of social stereotypes
  • Mistaken or limiting views of social groups
  • Low desire to interact with people of other races
  • Disregard/separation vs. explicit prejudice, e.g., implicit bias

Implicit or unconscious bias

- A process of prejudging others negatively
  - Persons are by definition unaware of their biases.
  - Has been tested in many studies with empirical support, e.g., Harvard studies (https://implicit.harvard.edu/implicit/)
- Implicit bias affects others’ human dignity
  - Some people are given more worth than others
  - Worth is based on what is seen or observed.
- Biases can create self-fulfilling prophecies (Treptow, 2019)

Part 1.1c—Definitions

Self-fulfilling prophecy (interpersonal expectancy effects)

– Outcomes turn out to be what other people predict
  • Rosenthal studies in 1960-70’s with children & animals
  • Environmental factors reinforce the negative prophecies
    – Ex 1: children in elementary classrooms
    – Ex 2: “faked” mental health symptoms in psychiatric facility
    – Ex 3: genetically identical rats running mazes in the lab
– Is blatantly and doubly evil since it may lead persons to give up altogether on their goals or ambitions

Part 2—A Developmental Lens—

Developmental cascades
(Chichetti & Masten, 2010)

– When negative experiences exceed normative developmental stress, e.g., my body is changing, the extreme experiences can set into motion a series of recurring toxic experiences (Shonkoff, 2012)

– *Developmental cascades can trigger either giving up or resilience* (Masten, 2014)

Part 1.1c—Definitions

Health disparities

– Differences in health outcomes and their causes among groups of people (CDC, 2021)

– Affects all social groups, but especially the most vulnerable such as pregnant women, infants, and children

– Cut across persons of minority status
  • African Americans, Hispanics, Native Americans, Asian Americans
  • Immigrants

– Create high costs to families and society

Part 2—A Developmental Lens—
How does racism affect us?
Overview

• Stresses behavior shared by a group
• Experiences shaped by culture
• Culture & biological growth interact
• Stresses non-Western, collectivist perspectives, e.g., the Church

Benefits

• Understand individualistic versus collective worldviews
• Links to the psychosocial approach
• Cultures adapt to economic, milieu, & intercultural events
## Table 2.5: A Comparison of Individualism and Collectivism

<table>
<thead>
<tr>
<th>Individualism</th>
<th>Collectivism</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fosters independence</td>
<td>Fosters interdependence</td>
</tr>
<tr>
<td>Values individual achievement</td>
<td>Values group success</td>
</tr>
<tr>
<td>Promotes self-expression</td>
<td>Promotes adherence to norms</td>
</tr>
<tr>
<td>Values individual thinking</td>
<td>Values group consensus</td>
</tr>
<tr>
<td>Associated with egalitarian relationships</td>
<td>Associated with hierarchical roles and respect for elders</td>
</tr>
<tr>
<td>Associated with private property and individual ownership</td>
<td>Associated with shared property and group ownership</td>
</tr>
</tbody>
</table>
Part 2—A Developmental Lens—

Social Role Theory

Overview

• Socialization & personality
• Take on diverse and complex social roles

Benefits

• Roles give consistency to life & prompt learning
• Relationships & groups add to one’s identity

Development Through Life: A Psychosocial Approach (Newman & Newman, 2018; Cengage Learning)
Part 2—A Developmental Lens—
Developmental Systems Theory

Overview
• Ongoing interaction across levels of human organism (genetic to behavior)
• Plasticity, individual & context

Benefits
• Intervene at any level of environment
• Interdependence & communication
• Change via self-regulation & self-organization

Development Through Life: A Psychosocial Approach (Newman & Newman, 2018; Cengage Learning)
Overview
- Systems characterized by relationships among parts
- Whole more than sum

Benefits
- Open system has adaptive self-organization
- Its components and the whole always in tension

*Development Through Life: A Psychosocial Approach* (Newman & Newman, 2018; Cengage Learning)
Part 2—A Developmental Lens—

Bronfenbrenner’s ecological systems theory

• All levels of society affect a child
  – Microsystems—family relationships, extended support
  – Macrosystems—legal, school, workplace, neighborhoods: these systems around a family impact whether a child thrives or struggles.

• Non-supportive macrosystems or microsystems can lead to negative developmental cascades.
Part 2—A Developmental Lens—
A Psychosocial Approach

- Growth occurs at every period of life.
- Individual lives show continuity and change.
- Look at the whole person, because we function in an integrated manner.
- Behavior must be interpreted in context.
- People contribute actively to their development.
- Diversity is a product of interaction.
Part 2—A Developmental Lens—

The Biological System

- Genetic
- Skeletal
- Sensory
- Motor
- Respiratory
- Endocrine
- Circulatory
- Waste elimination
- Sexual–reproductive
- Digestive
- Central nervous system

Change factors

- Genetically guided maturation
- Environmental toxins
- Lifestyle (eating, sleeping, exercise, drugs)
- Environmental resources (nutrition, sunlight)
- Accidents and diseases

Part 2—A Developmental Lens—

The Psychological System

- Motivation
- Emotion
- Perception
- Learning
- Memory
- Critical thinking
- Reasoning
- Problem solving
- Language skills
- Symbolic abilities
- Self-awareness
- Reality testing
- Self-regulation

Change factors

- Genetically guided maturation
- Life experiences, including educational settings
- Self-direction Insight

Source: © Cengage Learning.

Development Through Life: A Psychosocial Approach (Newman & Newman, 2018; Cengage Learning)
Part 2—A Developmental Lens—

The Societal System

- Interpersonal relationships
- Social roles
- Rituals
- Cultural myths
- Social expectations
- Leadership styles
- Communication patterns
- Family organization
- Social support
- Political and religious ideologies
- Patterns of economic prosperity, poverty, war, or peace
- Patterns of intolerance and discrimination

Change factors:
- Move from one culture to another
- Entry into new roles
- Age-graded expectations
- Historical events
- Technological change

Source: © Cengage Learning.

Development Through Life: A Psychosocial Approach (Newman & Newman, 2018; Cengage Learning)
Learned helplessness

– Bias & interpersonal expectancy (self-fulfilling prophecy) differentially effect persons of minority status and may lead to:
  • *Learned helplessness* or giving up (Abramson et al., 1978)
    – e.g., Studies of animals/people show how insurmountable barriers over time lead to little or no effort or motivation
  • *Epigenetic* changes—or changes at the genetic code
  • *Health disparities* occur since environments impacts choices for certain social groups, e.g., jobs, food options.

Part 2—A Developmental Lens—

Threat and Deprivation

– Racism is rooted in lies (Dar-Nimrod & Heine, 2011)
– Threat and deprivation change brain networks (Bick et al., 2015; McLaughlin et al., 2014; Sheridan & McLaughlin, 2014)
  • Social pain hurts (Sue, 2007; Wesselmann et al., 2016)
  • Social dangers fire along same brain pathways as physical pain (Cacioppo & Cacioppo, 2014; Eisenberger, 2012),
– Affects physical and emotional health
– Effects on parenting behaviors—e.g., rat mothers’ licking

Part 2—A Developmental Lens—

Harms to Caregivers

– Children depend on others, and things which affect those who love a child can put that child’s well-being at risk (e.g., high Black infant mortality in more prejudiced neighborhoods; Chae et al., 2018; see also Shonkoff, 2012).

  – Early experience matters for how little brains (Boyce & Kobor, 2015; Chen & Baram, 2016) and bodies (Adolph & Franchak, 2017) grow, which then affects how people think, feel, and act over time.
Part 2—A Developmental Lens—

**Epigenetics** (Pretorius, 2010)

– Life experiences, i.e., social toxins, impact genetic codes
  
  • Chronic and significant environmental stress
  
  • Effects from intergenerational trauma passed down from parents, grandparents, community members, and so forth
  
  • In turn, those genetic changes are passed to that child’s/children/grandchildren and so forth (Pretorius, 2010)

– Parents/caregivers “contextualize events to enable the child to make sense of them in beneficial ways” (p. 9).

Part 2—A Developmental Lens—

**Epigenetics** (Pretorius, 2010)

"Gabbard...proposes that an individual’s intrapsychic representational system forms an active filter between genotype and phenotype:

- ‘whether or not environment factors trigger the expression of the gene may depend on the conscious or unconscious meaning attributed to these experiences’.
- Parents/caregivers can “contextualize events to enable the child to make sense of them in beneficial ways" (p. 9).

Epigenetic processes in racism

– Racially-tinged events trigger stress (Wesselmann et al., 2016)

• How parents feel, e.g., safe or not safe, affects how they engage with their children
• The meaning making of children from experiences with their parents may thus differ (Tronick & Beeghly, 2011)
Part 2—A Developmental Lens—

Meaning-making (Tronick & Beeghly, 2011)

– Babies make sense of their world based on how the adults around them attend to their needs (Brandt, 2014)

– In this way, babies begin their journey of faith: responding to parents’ care and attentiveness, and reach out in circles of loving communication (Greenspan et al., 2011)

– Our needs for social safety start early (Porges, 2015), and throughout life loving relationships help us thrive

Part 2—A Developmental Lens—

Social Safety (Porges, 2015, p. 114-115)

— feeling safe requires a unique set of cues to the nervous system that are not equivalent to physical safety or the removal of threat .... safety cues [appear via] reciprocal social interactions

— Safety is critical in enabling humans to optimise their potential in several domains. Safe states are a prerequisite not only for optimal social behaviour, but also for accessing the higher brain structures that enable humans to be creative and generative.

Social Safety (Porges, 2015, 119)

- If our world “is appraised as being safe, the defensive limbic structures are inhibited, enabling social engagement & calm visceral states”

- Faith plays a role in safety from racism

Part 2—A Developmental Lens—

Resilience (Masten, 2014)

• In her vast research on childhood resilience Ann Masten found faith to be a key factor for thriving in toxic milieus

• Further, when children have at least one predictable adult relationship they do well developmentally even when their home or neighborhood setting is not ideal

• Both risk and protective factors affect a child’s genome, i.e., epigenetics, and positive relationships reduce transmission of intergenerational trauma (Pretorius, 2010).
Part 3—Health Disparities Data—
Research overview health disparities
Part 3—Health Disparities Data—Overview

Research overview health disparities

- A “Google Scholar” search with keywords ‘racial bias health’ yielded more than 2 million articles.
- Among these articles, 1.5 million included ‘children.’
- ‘Physician’ and ‘racial bias health’ yielded ~50K articles
- Most articles on “mental health providers” and “racial bias health” were about physicians or other medical providers (not psychologists or masters’ level mental health).
Research overview health disparities

– Discord shows up in our bodies
  • Racial/ethnic inequalities create risk for disease.
  • Not the same environments, e.g., premature birth with NICU stays disrupt bonding
  • Trauma effects carry to the next generation, and the cycle begins again through the process of epigenetics.
– Healthcare workers treat racial/ethnic minorities differently.
A comparison of physician implicit racial bias towards adults versus children

Tiffani J. Johnson, MD, MSc^a,1, Daniel G. Winger, MS^b, Robert W. Hickey, MD^c, Galen E. Switzer, PhD^d, Elizabeth Miller, MD, PhD^e, Margaret B. Nguyen, MD^f,2, Richard A. Saladino, MD^g, and Leslie R. M. Hausmann, PhD^h
At the forefront of psychoneuroimmunology in pregnancy: Implications for racial disparities in birth outcomes:

PART 2: Biological mechanisms

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Abstract

As reviewed in Part 1 of this two part series, in the US, ~400,000 babies per year are born in the early term (37–38\textsuperscript{6/7} weeks) and near term before the 39\textsuperscript{4}/7 weeks, among African Americans as compared to white infants. As birth outcomes are increasingly biologically meaningful, research in maternal biological functioning is needed to better understand the inter-related roles in biological aging, and the microbiome and other biological factors within the same. An integrative review of the literature rigorously defines the factors and early term birth is needed to move towards a better understanding of biological functioning.
Part 3—Health Disparities Data—
Research overview health disparities—
Research overview health disparities

Alhusen et al., 2016

– Racial discrimination & adverse birth outcomes integrative review

**Background**—Review of literature on relationship between racial discrimination & adverse birth outcomes


– Articles assessed for inclusion using the Preferred Reporting Items for Systematic Review and Meta-Analyses (PRISMA) 2009 framework.

– N = 15
Part 3—Health Disparities Data—Infants

Research overview health disparities

Results—

– Significant relationships for racial discrimination and *low birth weight, *preterm birth, and *small for gestational age

– Each study meaning other variables related to birth outcomes such as entry into prenatal care, employment opportunities, neighborhood characteristics, or inflammatory markers found significant associations between variables examined and racial discrimination.

– Participants in qualitative studies discussed experiences of institutional racism with regard to several components of prenatal care including access and quality of care.   (Alhusen et al., 2016)

Part 3—Health Disparities Data—Infants

**Research overview health disparities**

**Discussion**—

– Racial discrimination is a significant risk factor for adverse birth outcomes.

– Research that incorporates comprehensive measures of racial discrimination is needed.

– Health care providers must fully acknowledge and address the psychosocial factors that impact health outcomes in minority racial/ethnic women.

Alhusen et al., 2016

Part 3—Health Disparities Data—Infants

Research overview health disparities

– Chae et al., 2018
  • Area racism and birth outcomes among Blacks in the U.S.

Background—
– Increasing evidence of racism causing poor health outcomes in US, including adverse birth outcomes among Blacks.
– Research on health impact of racism has faced measurement challenges due to modern racism’s more subtle nature, i.e., implicit or unconscious bias

Research overview health disparities

Method—
Used Internet query-based proxy of area racism (Stephens-Davidowitz, 2014) to address prior limitations
– Area racism was measured in 196 designated market areas
– Proportion of Google searches (2004–2007) with “n-word”
– Data linked to county-level birth data for Blacks (2005–2008) compiled by the National Center for Health Statistics
  • preterm birth = <37 weeks gestation and
  • low birthweight = <2500 grams
Research overview health disparities

Results—
- Adjusted for maternal age, Census region, & county-level urbanicity, % of Black population, education, poverty
- A SD increase in area racism was linked among Blacks to:
  • 5% increase in the prevalence of preterm birth
  • 5% increase in the prevalence of low birthweight

Discussion—
- An Internet query-based measure works to simulate area-level racism in epidemiologic studies
- Suggests that racism contributes to poor Black birth outcomes
Research overview health disparities

— Johnson et al., 2017

• Doctor implicit racial bias toward adults vs children

**Background**—”doctors have implicit racial bias against black adults”

**Research Q**—what is the pattern of bias against black children?

**Objectives**—assess implicit racial bias among resident physicians \((N = 91)\) working in a pediatric emergency department (ED)

**Methods**—Adult and Child Race Implicit Association Tests (IATs).
  • IAT scores by demographics, e.g., gender, age, race, year of training

Part 3—Health Disparities Data—Children

Research overview health disparities

**Results**—Moderate pro-white/anti-black bias

- Adult Race IAT (M=0.49, SD=0.34)
- Child Race IAT (M=0.55, SD=0.37)

- No significant difference between Adult & Child IAT scores (p=0.15)
- Not linked resident demographics, including specialty.

**Findings**—Shows implicit racial bias against black children by resident physicians, similar to that against black adults & by other physicians.

Future studies are needed to explore how physicians’ implicit attitudes towards parents/children may impact inequities in pediatric healthcare.
Part 3—Health Disparities Data—Providers

Research overview health disparities

Hall et al., 2015

Implicit racial/ethnic bias among health care professionals and its influence on health care outcomes: A systematic review

**Background**—
– People of color in US face disparities in access to health care, quality of care received, & health outcomes.
– Care providers’ implicit biases contribute to health disparities

**Objective**—health care professionals’ implicit racial/ethnic bias implicit

• attitudes about racial/ethnic groups and health care outcomes.

Search Methods. To identify relevant studies, we searched 10 computerized bibliographic databases and used a reference harvesting technique.

Selection Criteria. We assessed eligibility using double independent screening based on a priori inclusion criteria. We included studies if they sampled existing health care providers or those in training to become health care providers, measured and reported results on implicit racial/ethnic bias, and were written in English.

Data Collection and Analysis. We included a total of 15 studies for review and then subjected them to double independent data extraction. Information extracted included the citation, purpose of the study, use of theory, study design, study site and location, sampling strategy, response rate, sample size and characteristics, measurement of relevant variables, analyses performed, and results and findings. We summarized study design characteristics, and categorized and then synthesized substantive findings.

**Main Results.** Almost all studies used cross-sectional designs, convenience sampling, US participants, and the Implicit Association Test to assess implicit bias. Low to moderate levels of implicit racial/ethnic bias were found among health care professionals in all but 1 study. These implicit bias scores are similar to those in the general population. Levels of implicit bias against Black, Hispanic/Latino/Latina, and dark-skinned people were relatively similar across these groups. Although some associations between implicit bias and health care outcomes were nonsignificant, results also showed that implicit bias was significantly related to patient–provider interactions, treatment decisions, treatment adherence, and patient health outcomes. Implicit attitudes were more often significantly related to patient–provider interactions and health outcomes than treatment processes.

**Conclusions.** Most health care providers appear to have implicit bias in terms of positive attitudes toward Whites and negative attitudes toward people of color. Future studies need to employ more rigorous methods to examine the relationships between implicit bias and health care outcomes. Interventions targeting implicit attitudes among health care professionals are needed because implicit bias may contribute to health disparities for people of color. (Am J Public Health. 2015;105:e60–e76. doi:10.2105/AJPH.2015.302903)

**PLAIN-LANGUAGE SUMMARY:**

Implicit attitudes are thoughts and feelings that often exist outside of conscious awareness, and thus are difficult to consciously acknowledge and control. Negative implicit attitudes about people of color may contribute to racial/ethnic disparities in health and health care. We systematically reviewed evidence on implicit racial/ethnic bias among health care professionals and on the relationships between health care professionals’ implicit attitudes about racial/ethnic groups and health care outcomes. Fifteen relevant studies were identified through searches of bibliographic databases and reference lists of studies that met inclusion criteria. Low to moderate levels of implicit racial/ethnic bias were found among health care professionals in all but 1 study. These implicit attitudes about racial/ethnic groups and health care outcomes.
Part 3—Health Disparities Data—Providers

Research overview health disparities

Hall et al., 2015
Impact of health care professionals implicit racial/ethnic bias on health outcomes: A systematic review

Background—
– People of color in US face disparities in access to health care, quality of care received, & health outcomes.
– Care providers’ implicit biases contribute to health disparities

Research Qs—
– Do health care providers’ have implicit racial/ethnic bias?
– Does bias about racial/ethnic groups affect health care outcomes?

Research overview health disparities

Hall et al., 2015

Methods—10 computerized databases plus reference harvesting
• Eligibility based on a priori inclusion criteria: N = 15 studies
• Studies sampled existing or in training health care providers plus implicit racial/ethnic bias, written in English.

Results
– Black, Hispanic/Latino/Latina, and dark-skinned people were relatively similar across these groups.

Part 3—Health Disparities Data—Providers

Research overview health disparities

Results
– Some NS associations between implicit bias & health care outcomes
– Implicit bias was significantly related to
  • *patient–provider interactions,
  • treatment decisions
  • treatment adherence
  • *patient health outcomes.
– Conclusions. Most health care providers appear to have
  – implicit bias in terms of positive attitudes toward Whites and
  – negative attitudes toward people of color. Future studies need
  – to employ more rigorous methods to examine the relationships
  – between implicit bias and health care outcomes. Interventions
  – targeting implicit attitudes among health care professionals are needed because implicit bias may contribute to health disparities for people of color. (Am J Public Health. 2015;105:e60–e76. doi:10.2105/AJPH.2015.302903)

PLAIN-LANGUAGE SUMMARY:
– Implicit attitudes are thoughts and feelings that often exist outside of conscious awareness, and thus are difficult to consciously acknowledge and control. Negative implicit attitudes about people of color may contribute to racial/ethnic disparities in health and health care. We systematically reviewed evidence on implicit racial/ethnic bias among health care professionals and on the relationships between health care professionals’ implicit attitudes about racial/ethnic groups and health care outcomes. Fifteen relevant studies were identified through searches of bibliographic databases and reference lists of studies that met inclusion criteria. Low to moderate levels of implicit racial/ethnic bias were found among health care professionals in all but 1 study. These implicit
Part 3—Health Disparities Data—Providers

Research overview health disparities

Conclusions—

– Most health care providers appear to have implicit bias
  • positive attitudes toward Whites and
  • negative attitudes toward people of color.
– Future studies need more rigorous methods to examine the relationships between implicit bias and health care outcomes.
– Interventions targeting implicit attitudes among health care professionals are needed since bias may impact health

Part 3—Health Disparities Data—Mental Health

Research overview health disparities

Merino et al. 2018

Implicit bias among mental health professionals
– Role of implicit bias in vulnerable groups’ MH disparities
– Much implicit bias among service providers—negative or stigmatizing attitudes at a subconscious level
– Implicit bias may impede access to care, screening/diagnosis, treatment, and crisis response
Part 3—Health Disparities Data—Mental Health

Research overview health disparities

Merino et al. 2018

– Implicit attitudes may manifest at the intersection between mental health and criminal justice institutions.
– Need for more research on the impact of implicit bias on health practices throughout the mental health system
– Development of interventions to address implicit bias among mental health professionals.
Conclusion—Take Aways

Racial/ethnic health disparities take aways

1. Disparities begin early & cause poorer health
2. Result from racism, and may cross generations
3. Worsened by health/mental health providers’ bias
4. Need research on bias’s impact on health practice
5. Need strategies to reduce health providers’ bias
Bibliography


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