** Ep6: Confronting bias**

**to close the**

**gender wage gap**

**INTRO**

**Kadie Ward (KW):**  Today we are honoured to have Dr. Anthony Greenwald, who I know, Dr Greenwald, you prefer to be called Tony? So, here we go: Tony is a social psychologist specialising in the fields of social cognition, and conscious and implicit cognition. Tony is one of the creators of the Implicit Association Test, I'll probably say IAT, which is really an amazing interactive tool, widely applied to test subtle bias against minority groups such as women, different racialized groups, et cetera. The IAT has been instrumental in revealing bias, which is the first step towards actually repairing discriminatory discrepancies. Tony, we really appreciate you joining the series, and I know that you've spent a better part of your career talking about hidden bias or implicit bias as the language you use, and we spent a better part of this podcast season talking about the hidden biases specifically towards women in the labour market, but the whole structure of implicit bias, I think is the same regardless of the target. So, you famously created the Implicit Association Test which has helped psychologists and individuals alike actually understand the nature of hidden or implicit bias. Can you help us understand how somebody becomes aware of actually possessing an implicit bias?

**Dr. Anthony Greenwald (AG):** There are a few ways to become aware of having an implicit bias or more likely multiple implicit biases. The most direct way is to take an IAT that measures it. This is the way I learned about most of the implicit biases that I have. When I created the IAT, I started testing it on myself before anyone else, and it was the magnitude of an effect indicating bias that I showed when I tested myself, that persuaded me that the IAT must be a useful instrument for measuring it. And remarkably, that test has now stood up over 25 years and people have been trying to improve on it, including me, and I haven't been able to do it and no one else has been able to do it either. I think that's amazing. Surprising, I don't deserve that kind of good luck, but, okay. So that's one way, is to take an IAT. The other way is just to learn that research evidence has shown that implicit biases are pervasive. That most of the ones that are well known, that correspond to stereotypes or attitudinal biases that many people have, just show up on the great majority of people who take the IAT. So, you could just say, well, this is a common implicit bias, do I have it? And the answer is most likely, yes. That's certainly true for me. However, if you go to the website at implicit.harvard.edu and try a test and you disagree with the result, you think, oh it shows I have a bias, I can't have it, or I probably have a bias and it doesn't show it. The best advice is: take the test again. The IAT has some of the properties of a blood pressure measure. Very useful, but it varies from one measure to the next. If you're in a physician's office, you take the blood pressure test and you think that's not me. Physician will just ask you to take it again. Same with the IAT: take it again, and you get a good measure just by averaging your results over multiple tests.

**KW:** It is a remarkably elegant test, and we'll link to it in the show notes. I've done it a few times for different dimensions and it's always shocking to have sort of a mirror held up and exactly as you said, you think there's no way I can possess this kind of bias. And one that shocked me was just the level of dimensions that you have across the test. It tests for all kinds of different types of bias. Not just racial, but age, gender, all of these interesting dimensions. So, it's very useful and we will definitely link and encourage individuals to take this test. But you mentioned this in your remarks there, that one thing that we've seen and your research has shown, and we're discussing this is just how more considerably widespread and deeply entrenched implicit bias generally is. And you've recently investigated how to remedy or treat implicit bias with the really bold statement that I appreciate, and you said in a recent paper, we need to treat addressing discriminatory bias as a public health problem. And I really appreciate this approach. But before we unpack that, can you share how you arrived at this bold statement? What did you learn about the current sort of popular approaches to remedying implicit or discriminatory biases?

**AG:** This is a great question and one that I actually have an answer to, which makes it even better. When a company discovers that it's behaving in some way that people have accused them of being biased, the first thing that comes up is, oh, you ought to get some implicit bias training. And so that is always the first suggestion. Problem. It doesn't work. If you're at a company and you've been obliged to take implicit bias training, that's usually what it's called, I suggest you ask whoever is paying for that, what evidence they have that it works, and the likelihood is that they won't be able to come up with anything. If companies that offered this training had done research showing that it works, hey, they'd be publicising that all over the place. You won't find that on sites that are advertising implicit bias training and the people who have been trying to use implicit bias training with police departments now have given up on it and realise that other things are necessary. So, this is where I am, I'm looking for other things, and that was part of the basis for recommending the public health approach.

**KW:** Yeah, so let's dive into that. I think it's such a bold statement to say that we should arrive at treating discriminatory bias as a public health problem. And the recent paper you published, we've got a copy here and we're going to link to it in our show notes. But this highlights the importance of employing what you, I think what you're saying is sort of a more preventative approach. Can you tell us about it, especially the role, and you go into this a lot in the article, but the role of proactive disparity, finding what that is both you, you talk about it from a demographic point of view, but also from a discriminatory point of view. Can you share with us what that means?

**AG:** I wouldn't call disparity finding a preventive approach. It's actually an epidemiological approach because it uses the methods that epidemiologists, medical specialists who are usually great statisticians, look to find evidence for healthcare disparities. And what they do is they just look everyone they can find, sort them into demographic categories based on age, based on gender, based on race, based on socioeconomic status, and say, okay, who has this problem more than others? And generally, they find it's not equal among all. So, when you look for healthcare disparities, you generally find them, although you may not know exactly what ones you're going to find. And then a question is: is this something that we should be worried about? And if so, what do we do with it? And the first question, should we be worried about it, is probably the one that should be asked first. Because there are some disparities that you're going to find that have non-discriminatory explanations. And so an epidemiologist will look for that. And you can find epidemiological research on healthcare disparities in which they've said, yeah, this is a difference we've observed, but actually there's this explanation that we have over here, and we found that yeah, this isn't something that we need to worry about because there's a reasonable explanation that is not discriminatory. So that's part of the epidemiological approach now, and I think that's the more powerful approach, I call that method that can be used in the workplace and other discrimination as disparity finding. That's what epidemiologists do when they're looking for healthcare disparities. You can similarly look for disparities in outcomes to employees in the workplace or in other settings because it's not just limited to employment. Disparity finding is just a straightforward statistical exercise. It's not totally trivial and epidemiologists need skills to do it properly, but it is so easy to do, much easier to do than implicit bias training, for example. Probably less expensive also. So that's my main advice.

**KW:** It's a great piece of advice, and I think it's something that especially large employers who have that type of information generally at hand can start to learn. And I think we're going to share this article because you do give a set of recommendations, which we can talk about next, but that employers can actually use a very tangible process to analyse their information, looking at, as you've said, the epidemiological model, and to understand whether or not these discrepancies exist because of bias or because of sort of different treatment of different individuals based on some type of marker. And I think that's a really tangible tool or process that employers are looking for these things. We get questions all the time: what can we do outside of these trainings, which your research shows doesn't necessarily have the impact that we're hoping. The Pay Equity Office where I work uses a gender-neutral comparator system to evaluate whether a job category in an organisation is being undervalued and underpaid because it has historically been gendered and stereotyped as women's work. So, it was interesting when I read the article, I thought, huh, our tools are already kind of leading the way in a bit of the disparity finding. It's very centred on gender, but that was sort of the approach as I was reading, I was mapping on some of what we do to what the recommendations are here. So, it was nice, it was a little bit validating for us to say, okay, our tools are pushing in the right direction, which is really good. It's just only one tool, obviously, to eliminate gender bias in job evaluation but can you share a bit more about the recommendations in your article and maybe talk a little bit about how to actually motivate leaders to take action on the work of disparity finding at remediating, any kind of remediation to eliminate bias and discrimination. Because, in your work you also point out that in healthcare and in policing, that disparities were found, but things didn't change. So how do we, you've got the recommendations on what to do, how do we get them to the next level to make the change happen?

**AG:** How do we motivate people to do the work of discrimination disparity findings? That too is a great question, which is something I sometimes say when I actually don't have a good enough answer to the question, and that's the case now because you'd think that you could appeal to the moral sense of business leaders, but business leaders are always worried about stockholders in a bottom line and the moral considerations, which they may believe in personally are maybe too hard for that. They may fear I'm going to lose my job if I put that ahead of the bottom line. And so, I think this may require some regulatory action, such as the Pay Equity Commission saying: Okay, what you've got to do is annually do this disparity finding exercise and just show that you're not discriminating. I mean, it's not trivial, but it's also not hard. And it's something that can be done within an organisation. It requires leadership from the top of the organisation. And because the top may be motivated more by the bottom line than by a non-discriminatory goal it may be necessary for some regulatory requirement for that. In the U.S. the EEOC (Equal Employment Opportunity Commission) does not require this kind of disparity finding. They do require some reporting, but I think from what you've told me in Ontario, it's probably better done than it is in the United States in the various states where they're following the EEOC right guidelines. And so, I would say, it'd be great if Canada's Pay Equity Commission could institute this, and probably less difficult than it would be for the US’s EEOC to implement that.

**KW:** It's interesting, we're provincially regulated and different provinces have different ways of treating pay equity. Quebec in fact, has a very robust Act where they do actually require annual reporting on pay disparity. And we've noticed, we've done studies globally and we've noticed different countries treat legislation around pay equity, because that's what we focus on is gender equity and pay equity, that different countries treat it differently with different forms of legislation. And where there is annual reporting requirements, the gap is closing much more quickly. So, this is something we've taken back. Our model doesn't require, or our legislation doesn't require reporting, but it does require having a pay equity plan, which means it requires that you have gone through the process, and you have to prove to the government that you have. So, it is a fairly proactive, robust legislation. And I think this is why I appreciated your bold assertion that treating discriminatory bias as a public health problem is one way to consider the way that we can actually hold businesses accountable to confronting the biases, the sort of the hidden aspects of how decisions are made, and how biases remain so pervasive. So, thank you for this incredible research. We will share this amazing article, *Implicit Bias Remedies: Treating Discriminatory Bias as a Public Health Problem* with our audience because there's a great set of recommendations towards the end of the article that I think managers and senior leaders can consider implementing in their organisations to confront and break down these biases. So, thank you very much!

**AG:** And thank you. I'm very glad to hear you close with that. I just hope there are many other people who reach the same conclusion you have.

**KW:** Well, that is why we are here. Thank you very much for being on our show.

**AG:** You're very welcome. Thanks for inviting me.

**OUTRO**