

## **3** Understanding Systemic Bias

Bias often emerges as behaviors that intentionally or unintentionally exclude people with disabilities. While rarely a conscious decision, bias is often woven within the fabric of a system, making it more difficult to change.

For these workbooks, the term “public health departments” refers to traditional public health agencies or departments funded and managed through city, county or state government, as well as nonprofit or private organizations that provide services in the form of clinical health services, public health vaccines, or mental or behavioral health services.

### **Misunderstandings, Misperceptions, and Ableism**

Misunderstandings, misperceptions, and lack of correct information can be the source of bias. Most public health departments and staff who exhibit bias lack correct information or understanding.

Ableism is a type of bias founded in the misunderstanding and misperception that not having a disability is a more desirable state and that a disability means something is wrong with the person. Ableism is almost always experienced in a negative way and can lead to feelings of disrespect and lack of value.

Which of the following reflect the misperceptions and indicators of ableism that your organization has experienced? Click Yes in the checkbox to the right of the statements:

### **People with disabilities...**

- do not have the same quality of life.
- are not healthy.
- are not leaders.
- need to be creative to overcome their limitations.
- need a special plan.

## **Overcoming Bias and Misperceptions**

Most implicit bias is the result of the systems we work in. This is especially true in service industries such as health, medicine, and emergency response. Changing the system can appear daunting.

Keeping in mind that much of systemic bias is rooted in misperceptions, we can begin to overcome bias by identifying incorrect information and providing correct information. Areas of bias can be viewed as opportunities to provide information and subject matter expertise.

Identify activities that demonstrate systemic bias and note some ideas of how to make changes. Examples are below, followed by fill-in form fields for your organization.

## **Example 1 of 2:**

### **Action That Shows Evidence of Systemic Bias**

Example: Not providing handout or informational materials in alternate and accessible formats at vaccine clinic.

### **Incorrect Information**

Example: Alternate formats are unnecessary because people with disabilities will obtain the information they need via their customary methods, such as visiting the CDC website.

### **Correct Information**

Example: Not all people with disabilities have the same communication needs or strategies, or resources to obtain additional information not provided at a vaccine clinic.

### **Inclusive Unbiased Action**

Example: Implement procedure for routinely developing and providing handouts in alternate and accessible formats.

## **Example 2 of 2:**

### **Action That Shows Evidence of Systemic Bias**

Example: Asking caregiver of person with a disability to provide consent for vaccine.

### **Incorrect Information**

Example: People with disabilities who are accompanied by a caregiver are unable to provide consent.

### **Correct Information**

Example: Provide all information and direct all questions to the individual with a disability, unless redirected by the person with a disability to speak with caregiver.

### **Inclusive Unbiased Action**

Example: Assume all adults, regardless of disability or presence of a caregiver, are able to make informed decisions and provide consent.

**Your organization – 1 of 3:**

Action That Shows Evidence of Systemic Bias

Incorrect Information

Correct Information

Inclusive Unbiased Action

**Your organization – 2 of 3:**

Action That Shows Evidence of Systemic Bias

Incorrect Information

Correct Information

Inclusive Unbiased Action

## **Your organization – 3 of 3:**

### **Action That Shows Evidence of Systemic Bias**

**Incorrect Information**

**Correct Information**

**Inclusive Unbiased Action**

Looking at the examples above, what are the areas of expertise within your organization that might be helpful to public health departments?

## **Applying the Social Model to Achieve Equity**

If ableism is rooted in the belief that something is wrong with the person, we can say that equity is rooted in the belief that something is wrong with the environment.

Because most environments are not designed with everyone in mind, not everyone can equitably access, understand, or use the environment they're in. This makes environments inaccessible and inequitable.

Accessibility is when information, activities, and environments are meaningful and usable for as many people as possible (including people with disabilities). If

everything were designed to be accessible, we might stop viewing people as needing to be fixed and instead view inaccessible environments as what needs fixing.

## **Strengths, Weaknesses, Opportunities, and Threats to Equity**

Although diversity, inclusion, and equity programs are becoming increasingly valued and implemented, these programs are often relegated to human resource departments and typically do not include disability in their equity viewpoint. As a result, public-facing programs might be perceived to be inclusive but may still be ineffectual.

The accessibility and equity of an environment and how the community uses that environment is a shared responsibility. Community-based organizations, disability-led organizations, and people with disabilities have a role in this change. To identify roles that organizations can play to improve understanding, and to change misperceptions that might be influencing public health department practices, conduct an internal evaluation of Strengths, Weaknesses, Opportunities, and Threats (SWOT). Apply this assessment to disability inclusion in your organization's planning, preparedness, and disaster response activities.

List ways that your organization provides instruction or encourages public health departments and providers to be disability accessible and inclusive.

**S** **STRENGTHS**

List examples of misperceptions or bias your organization is aware of but has not reached out to help change.

**W** **WEAKNESSES**

List actions that your organization can take to improve disability inclusion and competency in public health departments.

**O** **OPPORTUNITIES**

List what has prevented your organization from providing accurate information, education, or support to public health departments or emergency agencies.

**T** **THREATS**

How can your organization use its strengths and opportunities to eliminate bias?

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