CORE is a network designed to create a diverse medical community, connecting prenatal providers and professionals in Montana and Wyoming. This supportive network of peers and specialists who are committed to reduce preterm birth rates and improve the health and survival of both mom and baby.
Agenda

• Welcome
  • This meeting is for education purposes
  • The presentation will be recorded and archived for future reference

• Questions for discussion
  • Please enter in CHAT for discussion at the end of the presentation

• CE / CME
  • Need to complete a short survey; you will receive an email in 1-2 wks following the presentation

• Meeting Logistics
  • Please mute microphone
Gordon Jackson - Health Disparities Program Coordinator

Gordon, a Chippewa from Michigan, has been the program coordinator for one year. He has a long federal career in Native American relations and is a retired federal manager with the Bureau of Indian Affairs.
Disclosure

I have no actual or potential conflict of interest in relation to this program / presentation.
Objectives

1. Describe how unconscious bias is developed

2. Identify their own hidden preferences, assumptions, and biases

3. Verbalize the role of implicit bias on the development of health disparities and impact on perinatal health
OPENING REFLECTION

PROVERBS 22:6
"TRAIN A CHILD IN THE WAY HE SHOULD GO, AND WHEN HE IS OLD HE WILL NOT TURN FROM IT."
We Are Different - Video Illustration
How did Implicit Bias Arise?
Personal Reflection

Who are my closest three friends? What similarities do we share (race, social class, etc)?

What is an environment I find myself most comfortable in? Who else is there?
Poll - Audience Participation

Join by Web
1. Go to PollEv.com
2. Enter VICKIB891
3. Respond to activity

Join by Text
1. Text VICKIB891 to 22333
2. Text in your message

You've joined Vicki B's session (VICKIB891). When you're done, reply LEAVE.
Have you ever been hurt by something someone said or did because of your race, religion, gender, age, etc.? If yes, please enter the area of bias.
When was the last time I remember letting something slide that could be racist, prejudice, or discriminatory in some way?

Yesterday

In the last week

In the last month

In the last 6 months

It’s been a long time

I have the best of intentions but am hesitant to speak up

Never
<table>
<thead>
<tr>
<th>Option</th>
</tr>
</thead>
<tbody>
<tr>
<td>In the last week</td>
</tr>
<tr>
<td>In the last month</td>
</tr>
<tr>
<td>In the last 6 months</td>
</tr>
<tr>
<td>I welcome everyone</td>
</tr>
<tr>
<td>Not sure, I haven’t paid much attention</td>
</tr>
</tbody>
</table>
Where does “implicit bias” come from?

• Is it nurture or nature?
• Developed over the course of a lifetime beginning at a very early age through exposure to direct and indirect messages from families of origin.
• In addition to early life experiences, the media and news programming are often-cited origins of implicit associations.
• Education and schooling
• Religion
• Government policy and laws
• Where else do you think we get implicit biases?
Examples of “Implicit Bias”

• **Explicit Bias - Title VII of the Civil Rights Act of 1964** - prohibits employers from discriminating against applicants and employees on the basis of race, color, religion, sex, and national origin (including membership in a Native American tribe)

• **Implicit Bias - Appearance** – skin color, manner of dress, weight,

• **Auditory** – accents, language proficiency or use, volume

• **Body language** – eye contact, posture, reaction time

• **Disabilities** – paraplegic, wheel chair, blindness, alcoholism

• **Humor** – discriminatory jokes, images, pranks, sports icons

• **Others??**
Life - Outcomes - Addiction - Prenatal Care
Take Home Exercise – “Ouch” – “Whoops”

• Return to your work site and ask several of your work team mates to pay notice to the way you talk and act
• If you say (or do) something that offends, bothers, or insults them - they are to say “ouch!” to you
• You say “whoops!” If they say “ouch” then they must explain “When you say (or do) that I feel _______.“ And why.
• Do for an agreed upon time period (2 weeks; month; always?)
• Reflect upon the feedback received to see if you need to become aware of your biases
Awareness - Tools help to become aware of implicit bias

• The Implicit Association Test (IAT) is one of the most well-known, popular, and widely used tools for measuring one’s implicit biases, and has been responsible for introducing the concept of implicit bias to the public.

• A consortium comprised of researchers from Harvard University, the University of Virginia, and the University of Washington introduced the IAT, a web-based test (Project Implicit), that measures the strength of associations between concepts (e.g., “Disabled Persons”, “Abled Persons”) and evaluations (e.g., “Bad”, “Good”).
Preliminary Information

On the next page you'll be asked to select an Implicit Association Test (IAT) from a list of possible topics. We will also ask you (optionally) to report your attitudes or beliefs about these topics and provide some information about yourself.

We ask these questions because the IAT can be more valuable if you also describe your own self-understanding of the attitude or stereotype that the IAT measures. We would also like to compare differences between people and groups.

Data Privacy: Data exchanged with this site are protected by SSL encryption. Project Implicit uses the same secure hypertext transfer protocol (HTTPS) that banks use to securely transfer credit card information. This provides strong security for data transfer to and from our website. IP addresses are routinely recorded, but are completely confidential. We make the anonymous data collected on the Project Implicit Demonstration website publicly available. You can find more information on our Data Privacy page.

Important disclaimer: In reporting to you results of any IAT test that you take, we will mention possible interpretations that have a basis in research done (at the University of Washington, University of Virginia, Harvard University, and Yale University) with these tests. However, these Universities, as well as the individual researchers who have contributed to this site, make no claim for the validity of these suggested interpretations. If you are unprepared to encounter interpretations that you might find objectionable, please do not proceed further. You may prefer to examine general information about the IAT before deciding whether or not to proceed.

You can contact our research team (implicit@fas.harvard.edu) or Harvard's Committee on the Use of Human Subjects (cuhs@harvard.edu) for answers to pertinent questions about the research and your rights, as well as in the event of a research-related injury to yourself.

I am aware of the possibility of encountering interpretations of my IAT test performance with which I may not agree. Knowing this, I wish to proceed.
Religion ('Religious' IAT). This IAT requires some familiarity with religious terms from various world religions.

Gender - Science. This IAT often reveals a relative link between liberal arts and females and between science and males.

Disability ('Disabled - Abled' IAT). This IAT requires the ability to recognize symbols representing abled and disabled individuals.

Presidents ('Presidential Popularity' IAT). This IAT requires the ability to recognize photos of Donald Trump and one or more previous presidents.

Skin-tone ('Light Skin - Dark Skin' IAT). This IAT requires the ability to recognize light and dark-skinned faces. It often reveals an automatic preference for light-skin relative to dark-skin.

Age ('Young - Old' IAT). This IAT requires the ability to distinguish old from young faces. This test often indicates that Americans have automatic preference for young over old.

Asian American ('Asian - European American' IAT). This IAT requires the ability to recognize White and Asian-American faces, and images of places that are either American or Foreign in origin.

Transgender ('Transgender People – Cisgender People' IAT). This IAT requires the ability to distinguish photos of transgender celebrity faces from photos of cisgender celebrity faces.

Native American ('Native - White American' IAT). This IAT requires the ability to recognize White and Native American faces in either classic or modern dress, and the names of places that are either American or Foreign in origin.

Gender - Career. This IAT often reveals a relative link between family and females and between career and males.
Questionnaire

How warm or cold do you feel towards Thin people?

10 - Extremely warm
9 - Very warm
8 - Moderately warm
7 - Somewhat warm
6 - Slightly warm
5 - Neither warm nor cold
4 - Slightly cold
3 - Somewhat cold
2 - Moderately cold
1 - Very cold
0 - Extremely cold

Questionnaire

Other people would say that I am:

- Very underweight
- Moderately underweight
- Slightly underweight
- Neither underweight nor overweight
- Slightly overweight
- Moderately overweight
- Very overweight

Which statement best describes you?

- I strongly prefer Fat people to Thin people.
- I moderately prefer Fat people to Thin people.
- I slightly prefer Fat people to Thin people.
- I like Fat people and Thin people equally.
- I slightly prefer Thin people to Fat people.
- I moderately prefer Thin people to Fat people.
- I strongly prefer Thin people to Fat people.
What can I do to reduce my bias?

- Be humble but curious – respectfully ask
- LISTEN - BE AWARE
- Read and Travel
- **Focus on seeing people as individuals.** Rather than focusing on stereotypes to define people
- **Work on consciously changing your stereotypes**
- **Adjust your perspective.** Try seeing things from another person's point of view
- One of the best ways of reducing racial anxiety is by having **friends or colleagues** of another racial group
Impact on Perinatal Health

2020 MARCH OF DIMES REPORT CARD

MARCHOFDIMES.ORG/REPORTCARD

UNIVERSAL STATES

PRETERM BIRTH GRADE
C-
PRETERM BIRTH RATE
10.2%

PRETERM BIRTH RATES AND GRADES BY STATE

Puerto Rico is not included in the United States total.

Preterm is less than 37 complete weeks of gestation, based on obstetric estimates of gestational age.

Source: Premature Birth rates are from the National Center for Health Statistics, 2018 Infant Mortality Data.

Grades assigned by March of Dimes Perinatal Data Center.

A. Less than or equal to 7.0%
B. Preterm birth rate of 7.1% to 9.9%
C. Preterm birth rate of 10.0% to 12.9%
D. Preterm birth rate of 13.0% to 15.9%
E. Preterm birth rate of 16.0% to 18.9%
F. Preterm birth rate greater than or equal to 19.0%
MONTANA

PRETERM BIRTH GRADE
C+

PRETERM BIRTH RATE
9.6%

PRETERM BIRTH RATE BY RACE AND ETHNICITY

The March of Dimes disparity ratio measures and tracks progress towards the elimination of racial/ethnic disparities in preterm birth. It’s based on Healthy People 2020 methodology and compares the group with the lowest preterm birth rate to the average for all other groups. Progress is evaluated by comparing the current disparity ratio to a baseline disparity ratio. A lower disparity ratio is better, with a disparity ratio of 1 indicating no disparity.

In Montana, the preterm birth rate among American Indian/Alaska Native women is 61% higher than the rate among all other women.

DISPARITY RATIO: 1.39
CHANGE FROM BASELINE: No Improvement
Wyoming

Preterm Birth Grade

C

Preterm Birth Rate

9.9%

Preterm Birth Rate by Race and Ethnicity

The March of Dimes disparity ratio measures and tracks progress towards the elimination of racial/ethnic disparities in preterm birth. It’s based on Healthy People 2020 methodology and compares the group with the lowest preterm birth rate to the average for all other groups. Progress is evaluated by comparing the current disparity ratio to a baseline disparity ratio. A lower disparity ratio is better, with a disparity ratio of 1 indicating no disparity.

In Wyoming, the preterm birth rate among American Indian/Alaska Native women is 48% higher than the rate among all other women.

Disparity Ratio:
1.23

Change from Baseline:
No Improvement
Disparities in the Clinical Encounter: *The Core Paradox*

How could well-meaning and highly educated health professionals, working in their usual circumstances with diverse populations of patients, create a pattern of care that appears to be discriminatory?

-Margarita Alegria, PhD
Challenge each of us to shift our perspectives . . .
Are we addressing EQUALITY & EQUITY?
Improving Maternal and Neonatal Outcomes
Poll - Audience Participation

Join by Web
1. Go to PollEv.com
2. Enter VICKIB891
3. Respond to activity

Join by Text
1. Text VICKIB891 to 22333
2. Text in your message
What are you and your organization doing to address equity, equality, and implicit bias in perinatal care?
Where to Begin?

1. Rectify our own unconscious bias
2. Begin to dismantle implicit bias among other health care professionals
   a. i.e. Negative attitudes, undertreating, different treatment recommendations, micro-aggression
3. Begin to dismantle implicit bias in your work environment
   a. Look for micro-inequities, acknowledge others, be a role-model for coworkers
4. Implement training programs
5. Participate in statewide initiatives
   a. Meadowlark Initiative (Montana Healthcare Foundation)
   b. Montana Obstetrics Maternal Support Program
Tools: Improving Maternal & Neonatal Outcomes

**Council on Patient Safety in Women’s Health Care**

**Readiness**

Every health system
- Establish systems to accurately document self-identified race, ethnicity, and primary language.
- Provide system-wide staff education and training on how to ask demographic relate questions.
- Ensure that patients understand why race, ethnicity, and language data are being collected.
- Ensure that race, ethnicity, and language data are accessible in the electronic medical record.
- Evaluate non-English language proficiency (e.g., Spanish proficiency) for providers who communicate with patients in languages other than English.
- Educate all staff (e.g., inpatient, outpatient, community-based) on interpreter services available within the healthcare system.
- Provide staff education on:
  - Peripartum social and ethnic disparities and their root causes.
  - Best practices for shared decision making.
  - Engage diverse patient, family, and community advocates who can represent important community partnerships on quality and safety leadership teams.

**Recognition**

Every patient, family, and staff member
- Provide staff education on implicit bias.
- Provide convenient access to health records without delay (paper or electronic), at minimal to no fee to the maternal patient, in a clear and simple format that summarizes information most pertinent to perinatal care and wellness.
- Establish a mechanism for patients, families, and staff to report inequitable care and episodes of miscommunication or disrespect.

**Patient Safety Bundle**

Reduction of Peripartum Racial/Ethnic Disparities

**Response**

Every clinical encounter
- Engage in best practices for shared decision making.
- Ensure a timely and tailored response to each report of inequity or disparity.
- Address reproductive life plan and contraceptive options not only during or immediately after pregnancy, but at regular intervals throughout a woman’s reproductive life.
- Establish discharge navigation and coordination systems post childbirth to ensure that women have appropriate follow-up care and understand when it is necessary to return to their health care provider.
- Provide discharge instructions that include information about when danger or warning signs to look out for, when to call, and when to go if they have a specific concern.
- Design discharge materials that meet patients’ health literacy, language, and cultural needs.

**Reporting & Systems Learning**

Every clinical unit
- Build a culture of equity, including systems for reporting, response, and learning similar to engaging in safety culture.
- Develop a disparity dashboard that monitors process and outcome metrics stratified by race and ethnicity, with regular dissemination of the stratified performance data to staff and leadership.
- Implement equity improvement projects that target disparities in healthcare access, treatment, and outcomes.
- Complete the cycle of care, including: language, preferences, and other social determinants of health, including education and income, on the institutional and population level when evaluating maternal and neonatal mortality, morbidity, and other clinically important metrics.
- Build on a checklist on the review sheet. Did cross/raciality (i.e., implicit bias), language barriers, or specific social determinants of health contribute to the morbidity/pregnancy? And if so, are there system changes that could be implemented that could alter this outcome?

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SCL Health ST. VINCENT

Core

October 2014

For more information visit the Council’s website at www.cpswhc.org.
The Montana Obstetrics & Maternal Support (MOMS) program was created to connect rural providers to obstetrical/gynecological, perinatal, mental health and substance abuse specialists to build competency and consistency across perinatal providers.

https://www.mtmoms.org/
**Tools: Montana Obstetrics Maternal Support (MOMS)**

Clinical training and case review sessions

2nd & 4th Tuesdays of each month
12:00pm – 1:30pm

### Project ECHO

#### Upcoming Clinics

**DECEMBER 8, 2020**
Rural Maternal Health Practices- New Mexico  
**Presenter:** Karen Chong, MD- University of New Mexico

**JANUARY 12, 2021**
AIM: Severe Hypertension in Pregnancy  
**Presenter:** Jim Hinshaw, MD- Billings Clinic Miles City

**JANUARY 26, 2021**
Intimate Partner Violence  
**Presenter:** Christina Marchion, MD- Central Montana Medical Center

**FEBRUARY 9, 2021**
AIM: Obstetric Care for Women with Opioid Use Disorder  
**Presenter:** Bob Sise, MD- Billings Clinic Psychiatric Center
The Meadowlark Initiative brings together clinical and community teams to provide the right care at the right time for patients and their families; improve maternal outcomes, reduce newborn drug exposure, neonatal abstinence syndrome, and perinatal complications; and keep families together and children out of foster care.
Tools: March of Dimes

Professional Education

https://www.marchofdimes.org/professionals/professional-education.aspx
What will be your next steps to address implicit bias?
Conclusion

- Everyone has “implicit bias” and mostly works in our subconscious – making it hard to be **AWARE** of them

- We can reduce our “implicit bias” – but it is something that cannot be done quickly or easily

- It is important to understand that implicit bias is not the same thing as racism, although the two concepts are related. Overt racism involves conscious prejudice against members of a particular racial group and can be influenced by both explicit and implicit biases.

- One of SCL Health values remind us that, “**Caring Spirit – We honor the dignity of each person**”
Reference links about “Implicit Bias”


• How Does Implicit Bias Influence Behavior?; VeryWell Mind; Kendra Cherry, Medically reviewed by Steven Gans, MD; Updated on February 09, 2020; https://www.verywellmind.com/implicit-bias-overview-4178401

• How Unconscious Bias Affects Workplace Experience; Envoy - Blog; Pin-ya Tsend; August 1st, 2019; https://envoy.com/blog/how-unconscious-bias-affects-workplace-experience/

• Clinical Care Across Cultures: What helps, what hinders, what to do; JAMA Psychiatry, Margarita Alegria, Kiara Alvarez, Irene Falgas-Baque; Sept. 1st, 2017
Questions?
CLOSING REFLECTION

Our lives begin to end the day we become silent about things that matter -

Martin Luther King, Jr.
Up Next:

December 17, 2020
12:00 - 1:00

Pregnancy Care and Addressing Social Determinants of Health

Mandy Reinhart, Care Coordinator
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For more information about CORE and to register for upcoming sessions, please visit sclhealth.org/CORE.