

Friday, August 17, 2018

1:00 p.m. Eastern

Dial In: 888.863.0985

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Safety Action Series

Challenging Unconscious Biases,
Improving Women's Health Outcomes



Speakers



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Disclosures

- Joyce James, LMSW- AP has no real or perceived conflicts of interest.
- Angela Marshall, MD, FACP has no real or perceived conflicts of interest.
- Darline Turner, CD, PA-C has no real or perceived conflicts of interest.

Objectives

- Define Unconscious Bias and introduce the “Groundwater Analysis of Racial Inequities” to increase awareness and understanding of institutional and structural racism as the underlying causes of health disparities.
- Identify behaviors that suggest biases
- Discuss real world experiences of unconscious bias in the medical setting
- Share techniques clinicians can utilize to reduce their biases and improve care

Maternal Mortality

The death of a woman related to pregnancy or childbirth up to a year after the end of pregnancy is now worse than it was 25 years ago.

Each year, an estimated 700 to 900 maternal deaths occur in the United States.



Black women are three to four times as likely to die from pregnancy-related causes as their white counterparts, according to the C.D.C. — a disproportionate rate that is higher than that of Mexico, where nearly half the population lives in poverty.



The crisis of maternal death and near-death also persists for black women across class lines.

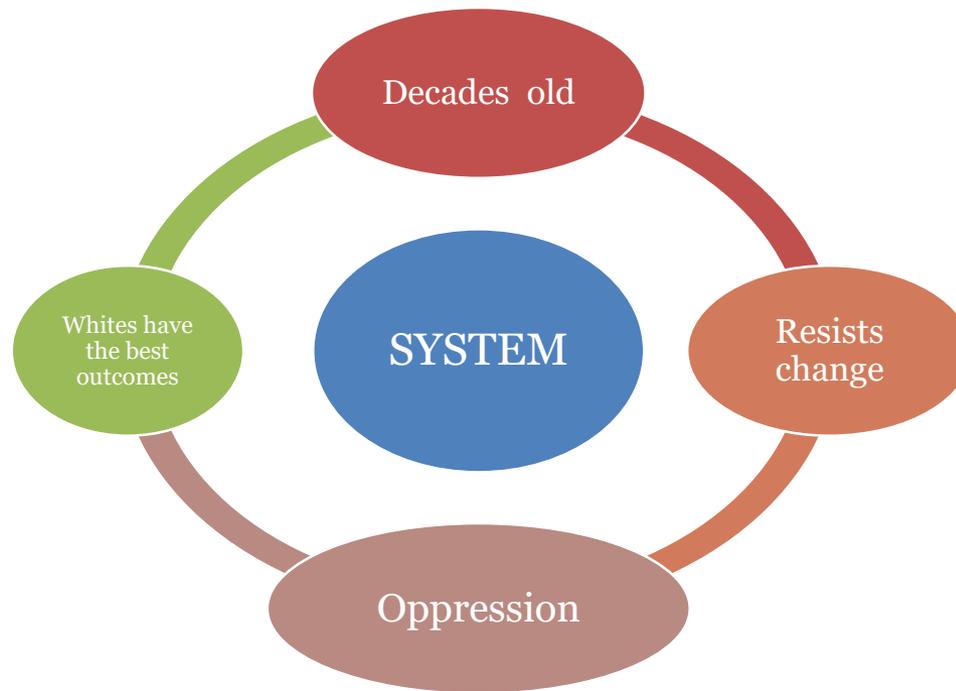
Effects of Systemic Racism on Black Women

- Toxic physiological stress
- Hypertension and preeclampsia
- Dismissal of legitimate concerns and symptoms

A Groundwater Analysis” is Based on Several Key Observations About Racial Inequity

1. Racial inequity looks the same across systems
2. Systems contribute significantly to disparities
3. The systems-level disparities cannot be explained by a few ‘bad apples
4. Poor outcomes are concentrated in certain geographic communities; usually poor communities and communities of color
5. Systemic interventions and training works to change thinking, reduce disparities, and improve outcomes for all populations

The Design of Systems



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Many terms are used to describe racial inequity in outcomes across systems

Term	Definition	Most commonly used in:
Disproportionality	Disproportionality is the over or underrepresentation of a particular race or cultural group in a program or system.	Child welfare
Health Disparity	Health disparities are preventable differences in the burden of disease, disability, or opportunities to achieve optimal health	Health
DMC – Disproportionate minority contact	The disproportionate number of minority youth that come into contact with the juvenile justice system	Juvenile justice
Achievement gap	The observed disparity on a number of educational measures between the performance of groups of students	Education
Equality	Is a concept that <i>everyone</i> should be treated in exactly the same way	Systems
Equity	Is the concept that <i>everyone</i> should be treated in a way that meets their specific needs so they have a fair opportunity to attain their potential	Systems
Health	A state of complete physical, mental and social well-being and not merely the absence of disease or infirmity	World Health Organization (WHO)

Sources: 1. Myers, 2010 (See Don Baumann for complete citation). 2. Ibid. 3. ojdp.gov/dmc; NEA, “Disproportionality: Inappropriate identification of Culturally and Linguistically Diverse Children”

Implicit Bias - defined

- Bias – the negative evaluation of one group and its members relative to another.
- Implicit – Unintentional or even at the unconscious level.

Behaviors that Suggest Bias

- Thinking that you ‘know’ what a patient is asking before they tell you.
- Making generalizations about groups of patients based on things like:
 - Race/ethnicity
 - Gender
 - Age
 - Socioeconomic status
 - Religion

Behaviors that Suggest Bias (cont.)

- Spending more time counseling some groups more than others.
- Offering certain therapies based upon perception of the group.





What goes through your mind when you walk into your office and:

- Your patient is a young black woman, first time pregnant, alone in your office?
- Your black prenatal patient and her partner have different last names?
- Your pregnant black mama is in the room with 2 or more additional children under age 5?

How Bias Affects Maternity Care



Techniques to Reduce Bias and Improve Care

- Listen more, judge less
- Understand our mistrust and show more compassion.
- Understand pain tolerance and expression may be different for different cultures.
- Avoid making assumptions about medical knowledge/literacy in context of patients who prefer more natural modalities.
- Acknowledge “gut” reactions to certain groups and work towards better understanding.

Black Mamas Matter Alliance

Recommendations

- Listen to Black women
- Recognize historical experiences and expertise of Black women and families
- Disentangle practices from the racist beliefs of modern medicine
- Replace white supremacy and patriarchy with a new care model
- Empower all patients with health literacy and autonomy
- Recognize that access does not equal quality care

Recommendations continued...

- Prioritize the impacts of the social determinants of health as an essential part of addressing unfair and avoidable disparities in health status and outcomes
- Understand “Weathering”, lifelong accumulation of toxic stress and inadequate and disrespectful health care within the very cells of black women’s bodies, and its effects on chronic disease and its role in negative birth outcomes.
- Informed Consent has to be at the core of black women’s health. It has never been nor ever will be acceptable for health care providers and researchers to indiscriminately experiment on black women’s bodies.
- Providers must engage patients through conversations, collaboration, care partnership and culturally congruent care provision.



It is our voice and lived experience, not the interpretation of, that must inform all facets of our care. “(Being) Black isn’t the risk factor, racism is.” Dr. Joia Crear-Perry

Q&A Session

Press *1 to ask a question



You will enter the question queue
Your line will be unmuted by the operator for your turn

A recording of this presentation will be made available on our website:
www.safehealthcareforeverywoman.org

Next Safety Action Series

Time to Panic? Managing Psychiatric Disorders During Pregnancy

September 13, 2018
2:00 p.m. Eastern



M. Camille Hoffman, MD, MSc
Associate Professor, Maternal Fetal Medicine
University of Colorado Departments of Ob-
Gyn & Psychiatry



Scott A. Simpson, MD, MPH
Medical Director, Psychiatric Emergency
Services, Denver Health Medical Center;
Assistant Professor, University of Colorado
School of Medicine

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Bundle Feedback Survey

The Council on Patient Safety in Women's Health Care will be developing new resources to help institutions implement our patient safety bundles. We invite you to share how you and your organization implements our patient safety bundles to help us identify what tools will be most useful to you.

Share your successes, challenges, and overall experience with the patient safety bundles.

Haven't implemented a bundle yet? We want to hear why!

[Click HERE to Complete the Survey](https://safehealthcareforeverywoman.org/feedback/)



The Bundle Feedback survey can be found on our website

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