Assessment of the OB Patient Presenting to the ED
Implicit Bias and Culturally Responsive Health Care

Dr David Moser - Professor of Psychiatry, Director of Educational Outreach – Office of Diversity, Equity and Inclusion
Monique Galpin, Administrative Services Coordinator, SHPEP & Communication Outreach – Office of Diversity, Equity, and Inclusion

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• Speakers have identified no financial disclosures
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EMS Credits

Send Marleine EMS license #

In Chat put in name and facility

Must attend live Zoom Meeting
Simulation Updates

Making Travel Plans

Goal: To visit 4 ED facilities by September 2022

Training on new simulator

Will be reaching out to facilities to set up informational zoom calls
NOELLE® Advanced Maternal Care Simulation Package

https://www.gaumard.com/s574-100
PROMPT Flex
Fetal Monitoring and Labor Progress Model Set
Upcoming Topics

• February 21\textsuperscript{st}, 2022 – noon – 1:30 pm
  • History of Racism in Gynecology – Dr Mary Grace Elson

• March 21\textsuperscript{st}, 2022 noon – 1:30pm
  • OB Emergencies – Post Partum Hemorrhage
  • Possible alternative time – evening hours – Stay Tuned!
Implicit Bias and Culturally Responsive Health Care

Dr David Moser- Professor of Psychiatry, Director of Educational Outreach – Office of Diversity, Equity and Inclusion

Monique Galpin, Administrative Services Coordinator, SHPEP & Communication Outreach – Office of Diversity, Equity, and Inclusion
Why this Topic?
• Black, American Indian, and Alaska Native (AI/AN) women are two to three times more likely to die from pregnancy-related causes than white women – and this disparity increases with age, researchers from the Centers for Disease Control and Prevention (CDC) report today in the *Morbidity and Mortality Weekly Report (MMWR).*

• Most pregnancy-related deaths are preventable. Racial and ethnic disparities in pregnancy-related deaths have persisted over time.

• Pregnancy-related deaths per 100,000 live births (the pregnancy-related mortality ratio or PRMR) for black and AI/AN women older than 30 was four to five times as high as it was for white women. Even in states with the lowest PRMRs and among women with higher levels of education, significant differences persist. These findings suggest that the disparity observed in pregnancy-related death for black and AI/AN women is a complex national problem.

https://www.cdc.gov/media/releases/2019/p0905-racial-ethnic-disparities-pregnancy-deaths.html
Key findings: 2007-2016 national data on pregnancy-related mortality

The CDC study, based on analysis of national data on pregnancy-related mortality from 2007-2016, found that:

- Overall PRMRs increased from 15.0 to 17.0 pregnancy-related deaths per 100,000 births.
- Non-Hispanic black (black) and non-Hispanic American Indian/Alaska Native (AI/AN) women experienced higher PRMRs (40.8 and 29.7, respectively) than all other racial/ethnic populations (white PRMR was 12.7, Asian/Pacific Islander PRMR was 13.5 and Hispanic PRMR was 11.5). This was 3.2 and 2.3 times higher than the PRMR for white women – and the gap widened among older age groups.
- For women over the age of 30, PRMR for black and AI/AN women was four to five times higher than it was for white women.
- The PRMR for black women with at least a college degree was 5.2 times that of their white counterparts.
- Cardiomyopathy, thrombotic pulmonary embolism, and hypertensive disorders of pregnancy contributed more to pregnancy-related deaths among black women than among white women.
- Hemorrhage and hypertensive disorders of pregnancy contributed more to pregnancy-related deaths among AI/AN women than white women.
- Disparities were persistent and did not change significantly between 2007-2008 and 2015-2016.

https://www.cdc.gov/media/releases/2019/p0905-racial-ethnic-disparities-pregnancy-deaths.html
Recording Disclosure

This session will be recorded, but at the end of the session, we will stop the recording to offer time for open discussion.

Please feel free to ask any questions.
Presenters:

Dr. David Moser, PhD – Professor of Psychiatry, Director of Educational Outreach – Office of Diversity, Equity, and Inclusion

Monique Galpin – Administrative Services Coordinator, SHPEP & Communication Outreach – Office of Diversity, Equity, and Inclusion
IMPLICIT BIAS & CULTURALLY-RESPONSIVE HEALTHCARE

David J. Moser, Ph.D. & Monique Galpin
Office of Diversity, Equity, and Inclusion
University of Iowa Carver College of Medicine
IMPLICIT BIAS

ATTITUDES, STEREOTYPES, & MENTAL SHORTCUTS THAT AFFECT OUR UNDERSTANDING, ACTIONS, AND DECISIONS IN AN UNCONSCIOUS MANNER
What automatic thoughts might we have based on a person’s…?

- Mobility
- Race
- Political Views
- Vehicle
- Grooming & Hygiene
- Weight
- Religion
- Hometown or Neighborhood
- Gender
- Age
- Sexual Orientation
- Food Preferences
- Language Accent & Grammar
- Clothing
- Like / Dislike of Dogs
- Height
• So...is automatic decision making always bad?

• No! It can be an essential tool in health care and in other settings.

• But...we have biases and we are most likely to default to damaging stereotypes when we are:
  • Busy & under time pressure
  • Distracted
  • Tired
  • Anxious

• The question is not “do I have bias?”, the question is “what biases do I have?”
  
  • Maria Maldonado, M.D.
Implicit Association Test

- Measures strength of association between concepts;
- Enables us to reveal hidden-bias blind spots;
- Based on premise that associated concepts will be easier to categorize.
## IAT FINDINGS


<table>
<thead>
<tr>
<th>IAT Type</th>
<th>Percentage</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gender IAT</td>
<td>76%</td>
<td>More readily associate “males” with “careers” and “females” with “family”</td>
</tr>
<tr>
<td>Gender-Science IAT</td>
<td>70%</td>
<td>More readily associate “male” with science and “female” with the arts</td>
</tr>
<tr>
<td>Race IAT</td>
<td>75%</td>
<td>Have an implicit preference for white people over black people</td>
</tr>
<tr>
<td>Disability IAT</td>
<td>76%</td>
<td>Have a preference for able-bodied people</td>
</tr>
</tbody>
</table>
# RACE IAT (CCOM)

<table>
<thead>
<tr>
<th>Answer</th>
<th>Percentage</th>
<th>Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>Strong automatic preference for White people compared to Black people.</td>
<td>12.50%</td>
<td>12</td>
</tr>
<tr>
<td>Moderate automatic preference for White people compared to Black people.</td>
<td>28.13%</td>
<td>27</td>
</tr>
<tr>
<td>Slight automatic preference for White people compared to Black people.</td>
<td>20.83%</td>
<td>20</td>
</tr>
<tr>
<td>Little to no automatic preference between Black and White people.</td>
<td>32.29%</td>
<td>31</td>
</tr>
<tr>
<td>Slight automatic preference for Black people compared to White people.</td>
<td>6.25%</td>
<td>6</td>
</tr>
<tr>
<td>Strong automatic preference for Black people compared to White people.</td>
<td>0.00%</td>
<td>0</td>
</tr>
</tbody>
</table>

Total Count: 96
BIASES CAN INFLUENCE

- Daily Interactions
- Patient/Clinical Encounters
- Diagnosis and Medication
- Outcomes and Mortality Rates
2018 REVIEW OF PAST DECADE’S LITERATURE ON IMPLICIT BIAS & RACE IN HEALTH CARE

37 studies met inclusion criteria and found:

• Most providers, across training levels and disciplines, showed bias vs. African-American, Black, Hispanic, Native, and dark-skinned individuals.

(Maina, I.V. et al., 2018)
Which Patient Gets 50% Less Pain Medication At Discharge?

Implicit Bias = Unequal Treatment
Think About It. Talk About It. End It.

LEARN MORE AT WWW.STOP-DISPARITIES.ORG/ENDIT
RACE AND MATERNAL MORTALITY

Black women face significantly higher maternal mortality risk

Maternal deaths per 100,000 live births (2011-2013)

- Black women: 44 deaths per 100,000 live births
- White women: 13 deaths per 100,000 live births
- Women of other races: 14 deaths per 100,000 live births

Source: Centers for Disease Control and Prevention

Credit: Alyson Hurt/NPR
Disparity evident across incomes

Unconscious biases are prevalent throughout the medical system, impacting how medical professionals perceive and respond to Black compared to White patients’ pain.

Limited diversity in the medical profession has been shown to lead to culturally inappropriate treatment as well as Black mothers’ feelings of isolation.
IMPLICIT BIAS AND HEALTH CARE

• Health care professionals implicitly associated obese people with negative cultural stereotypes (Schwartz, M.B., et al, 2003; Chapman, E. et al, 2013)


  ▪ Non-white patients receive fewer cardiovascular interventions and fewer renal transplants (van Ryn M., et al, 2011)
  ▪ Misconceptions about race, gender and sexuality can impact care for MSM (Boerner, 2016)
IMPLICIT BIAS AND HEALTH CARE

  • Black women more likely to die after being diagnosed with breast cancer
  • Black men less likely to receive chemotherapy and radiation therapy for prostate cancer and more likely to have testicle(s) removed
  • Patients more likely to be blamed for being too passive about their health care
WAYS TO MITIGATE BIAS

• Recognize that we all have biases.
• Develop capacity to use a flashlight on yourself.
  • Pay attention to what’s actually happening beneath the judgments and assessments.
  • Acknowledge your own reactions, interpretations and judgments.
• Explore awkwardness and discomfort.
• Understand the other reactions, interpretations and judgments that may be possible.
• Engage with people you consider “others”; listen and learn.
• Explore stories, film and literature, where different voices are at the center of the narrative.
• Focus on shared humanity and commonalities, but acknowledge/celebrate the differences!
RECOMMENDATIONS

• If you’ve not done so, take the IAT (implicit.Harvard.edu)
• Becoming aware of biases, provides opportunity to work against them, it’s how we grow!
• Interact regularly with those whom you have biases
• Slow down your decision-making
• Strive to minimize fatigue, overload, time pressure – which cause default to stereotypes
• Create structures/processes to mitigate biases
• Encourage/engage in discussions re: IB
• Like CME, consider it lifelong learning
Questions?

Feel free to contact us at:

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monique-galpin@uiowa.edu

Thank you!
REFERENCES/RESOURCES


• Chapman, E.N. (2013). Physicians and Implicit Bias: How Doctors May Unwittingly Perpetuate Health Care Disparities. Journal of General Internal Medicine, 28(11); 1504-1510.


• Funchess, Melanie (2014). Implicit Bias – how it affects us and how we push through. TED Talk: https://www.youtube.com/watch?v=Fr8G7MiRNlk


REFERENCES/RESOURCES

- Project Implicit (Implicit Association Test): [https://implicit.harvard.edu/implicit/takeatest.html](https://implicit.harvard.edu/implicit/takeatest.html)


- Turnbull, Helen (2013). Inclusion, Exclusion, Illusion and Collusion. TED Talk: [https://www.youtube.com/watch?v=zdV8OpXhl2g](https://www.youtube.com/watch?v=zdV8OpXhl2g)

