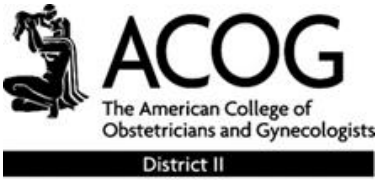

SYMPOSIUM ON RACIAL DISPARITIES AND IMPLICIT BIAS IN OBSTETRICAL CARE

December 2018

On November 1, 2018, the American College of Obstetricians and Gynecologists (ACOG) District II, the Healthcare Association of New York State (HANYS), and the Greater New York Hospital Association (GNYHA) jointly hosted a Symposium on Racial Disparities and Implicit Bias in Obstetrical Care at the New York State Health Foundation in New York City (see agenda in Appendix A). This half-day Symposium was convened at the request of Governor Cuomo to identify and recommend concrete strategies to reduce racial disparities and their negative health impacts, with a direct emphasis on the hospital setting. The 50 multidisciplinary healthcare providers and stakeholders from across New York State (NYS) in attendance at the Symposium identified key themes to address racial disparities, which are outlined below.

Conduct Implicit Bias Trainings in Healthcare

"They look at your skin color and your pocket and judge you based on that."—Listening Session Participant[1]

Research shows that implicit or unconscious bias is a regular part of the human experience, impacting all people, including healthcare professionals.[2] Implicit bias refers to "the attitudes or stereotypes that affect our understanding, actions, and decisions in an unconscious manner. These biases, which encompass both favorable and unfavorable assessments, are activated involuntarily and without an individual's awareness or intentional control."[3] Research suggests that if unaddressed, biases can negatively impact the physician-patient relationship and lead to adverse health outcomes.[4] Disparities in women's healthcare can be addressed through educational interventions that increase personal awareness of implicit biases.[5]

Promising Practice Example

Utilize a Train-the-Trainer model to conduct unconscious bias training of healthcare teams

To offer training on unconscious bias, Mount Sinai Health System employed a train-the-trainer model, partnering with Cook Ross[6] to educate the designated team during an off-site, multi-day program. The trainers returned and began offering training to multidisciplinary teams. The Implicit Associations Test

[1] The Listening Sessions, convened by NYS Commissioner of Health, Howard Zucker, MD, provided a forum to engage African American women in seven locations across NYS most impacted by poor birth outcomes in a conversation about their birth experience, and to identify solutions that may work for them

[2] FitzGerald C, Hurst S. Implicit bias in healthcare professionals: a systematic review. BMC Med Ethics. 2017;18(1):19. Published 2017 Mar 1. doi:10.1186/s12910-017-0179-8

[3] Kirwan Institute, http://kirwaninstitute.osu.edu/research/understanding-implicit-bias/

[4] Racial and ethnic disparities in obstetrics and gynecology. Committee Opinion No. 649. American College of Obstetricians and Gynecologists. Obstet Gynecol 2015;126:e130–4.

[5] Howell et al., Reduction of Peripartum Racial and Ethnic Disparities: A Conceptual Framework and Maternal Safety Consensus Bundle. Obstet Gynecol 2018;131:770-782. doi: 10.1097/AOG.0000000000002475

[6] Cook Ross, https://cookross.com/-- a consulting firm that aids in system-wide changes geared towards inclusion and diversity in the workplace.

(IAT)[7] was used to demonstrate individual biases, and education was offered to reinforce how to change reactions and interactions with patients to mitigate the impact of biases.

Lessons learned emphasized the need to secure leadership buy-in to initiate the training and ensure its sustainability. Additionally, all members of a team should receive education and training to ensure comprehensive care and treatment, including physicians, midwives, nurses, social workers, medical students, and front line staff. Metrics to measure success need to be identified and further refined going forward, and may vary from one organization to another.

Recommendations from Symposium Participants

- Deploy a state funded pilot project for hospitals to conduct multidisciplinary implicit bias training to stimulate new innovative ideas and approaches to patient care with a sensitivity toward biases, and share successful strategies based on project evaluations for implementation statewide.
- Enhance medical school, nursing school, midwifery school, and residency training program curricula on implicit bias, using an initial needs assessment with subsequent incorporation of new education in this area such as simulation training.

Enhance Hospital and Community Partnerships, Support, & Trust

"We used to have a village and today it's gone." —Listening Session Participant

As stated by Howell et al., "Multiple determinants underlie inequities in health and healthcare and result in worse health outcomes and lower quality of healthcare for marginalized populations."[8] These health disparities stem from intertwined systems and exchanges happening on numerous levels, and partnerships between healthcare and community-based organizations can serve to identify local needs, followed by the development and implementation of interventions.[9]

The Listening Sessions revealed black women's struggles with inadequate community/social supports and a feeling of disrespect and mistrust in their healthcare experiences. Listening session participants also expressed the desire to have more diversity in their choice of healthcare providers, believing that providers who "reflect" them will be better able to understand and care for them.

Promising Practice Example

Equitable care at your institution should be defined by the patients you serve—progress can only move at the speed of trust

Northwell Health System is piloting the Alliance for Innovation on Maternal Health (AIM) Reduction of Peripartum Racial/Ethnic Disparities bundle, developed by a multidisciplinary consortium of prominent

[7] Project Implicit, https://implicit.harvard.edu/implicit/takeatest.html
[8] Howell et al., Reduction of Peripartum Racial and Ethnic Disparities: A Conceptual Framework and Maternal Safety Consensus Bundle. Obstet Gynecol 2018;131:770-782. doi: 10.1097/AOG.0000000000002475
[9] Warnecke at al., Approaching Health Disparities from a Population Perspective: The National Institutes of Health Centers for Population Health and Health Disparities. Am J Public Health. 2008;98:1608–1615. doi:10.2105/AJPH.2006.102525

women's healthcare organizations .[10] Among Northwell's first efforts is building partnerships with community-based organizations serving women who give birth at participating hospitals, such as Ancient Song Doula Services, in order to engage women in outlining the definition of equity at the hospital system and to prioritize resultant strategies and actions. Using information gained from guided conversations, the Northwell team hopes to implement changes that promote woman-centered, equitable care as identified by women in their community. The intent is to enhance community trust of the healthcare system, and work towards reducing disparities in maternal health.

Recommendations from Symposium Participants

- Develop partnerships and collaborations among healthcare institutions and community-based organizations to define equitable care and help prioritize interventions within the healthcare system to reduce racial disparities in maternal health.
- Make it a strategic priority to diversify the healthcare system workforce and recruit and hire a diverse workforce.

Improve Communication and Cultural Competency Training

"I was never told why I was high risk." —Listening Session Participant

Effective, compassionate communication is essential to building a successful patient-provider relationship and promoting positive patient outcomes.[11] Obstetric care providers have a unique opportunity to make a substantive impact on the lives of women and their infants through effective communication techniques and messaging that resonates. Health literacy, an individual's ability to process and understand health information,[12] along with different cultural approaches to medicine, all impact patient healthcare experiences and emphasize the need for patient-centered care. Tools and protocols to educate multidisciplinary teams of providers on cultural competence and communication techniques are necessary, and will serve to increase patient understanding of and satisfaction with care.

Promising Practice Example

Let's create a new league of healthcare providers

Dr. Angela Wright Marshall,[13] Founder and Director of Comprehensive Women's Health in Maryland, presented a cohesive framework to promote cultural competency and compassion when caring for a diverse patient population. She proposes the creation of a new league of healthcare providers, using *LEAGUE* as the acronym to describe the necessary components. In order to reduce biases and improve care, all providers should **listen** more to their patients, and make fewer judgments. Providers need to learn how to recognize patient mistrust in the system, and to show more compassion and **empathy** towards all patients. Providers need to **avoid assumptions** about patients and "**gut check"** any

[10] Council on Patient Safety in Women's Health Care, https://safehealthcareforeverywoman.org/patient-safety-bundles/reduction-of-peripartum-racialethnic-disparities/#link_acc-1-4-d

[11] Effective patient–physician communication. Committee Opinion No. 587. American College of Obstetricians and Gynecologists. Obstet Gynecol 2014;123:389–93.

[12] https://www.cdc.gov/healthliteracy/learn/index.html

[13] Angela Wright Marshall, MD, FACP, www.MDforWomen.com

generalizations about certain groups of patients. Enhanced cultural competency skills will enable providers to **understand** that wide variations in communication styles and expression exist between and among different cultures, and healthcare providers should commit to **explaining** more to ensure minority patients don't feel targeted for particular therapies or interventions like postpartum contraception. Health literacy, inclusive of spiritual and cultural considerations, needs to be accounted for in all interactions to ensure that patients are understanding important health information.

Recommendations from Symposium Participants

- Implement cultural competency education across the entire healthcare team, understanding the historical context of mistrust in various communities.
- Enhance medical school, residency training, midwifery, and nursing program curricula on respectful, trauma-informed communication techniques and listening exercises, keeping in mind cultural, spiritual, and linguistic competence considerations. Communication methods to consider include teach-back,[14] where the patient reports back information/instruction in their own words.
- Increase the diversity of medical, midwifery, and nursing students in training, and other healthcare providers in the workforce through work with academic medical centers and diversity deans to address numbers of underrepresented minorities in medicine. This will enhance the breadth of cultural, spiritual, and literacy competence among providers.

Initiate a Multi-pronged Approach to Address System Issues

"You never really see your doctors." —Listening Session Participant

"…you're just on your own." —Listening Session Participant

Symposium participants recognized throughout the discussion that the causes of maternal mortality and morbidity and the stark racial disparities that exist are complex and multi-faceted requiring multiple strategies before, during, and after pregnancy. A central theme emerged, noting the need for coordinated, team-based care that supports all women, regardless of geographic location or insurance status, and includes enhanced primary care to improve women's health before pregnancy. Disparity reduction approaches need to be considered in the context of regional differences to optimize effectiveness. Moreover, listening session participants voiced concerns about lack of time with their healthcare provider, and the desire for more community health workers, childbirth education classes, maternal mentoring programs, and greater postpartum supports including mental healthcare.

Additionally, in order to examine the multiple causes and contributing factors to maternal deaths in the state, a statewide maternal mortality review board should be convened. This would allow for the review of each case of maternal death in the state through a multidisciplinary committee, determine the causes, and importantly, recommend key clinical and community strategies for the prevention of future deaths.

[14] Agency for Healthcare Research and Quality (AHRQ), https://www.ahrq.gov/professionals/quality-patient-safety/patient-family-engagement/pfeprimarycare/interventions/teach-back.html

Finally, as providers and healthcare systems work to implement key strategies to reduce disparities in maternal health, measuring the impact of such strategies is crucial. However, many systems still lack the data collection infrastructure to accurately measure the impact of key interventions alongside racial and ethnic indicators. As solutions to data infrastructure are formed, strategies such as implementing implicit bias training and leveraging current systems (to reduce patient and provider measurement burden) should move forward. Reliably capturing and analyzing maternal health disparities is an important ongoing goal for the healthcare system.

Promising Practice Examples

As documented by Howell et al., "Efforts to resolve racial and ethnic disparities in maternal health are constrained by lack of 1) reliable data on patient identity (including race, ethnicity, nativity, and language) and 2) patient and staff education on the best practices for ascertaining information related to identity."[15] Supporting these points, Mount Sinai Health System stressed the importance of educating frontline staff on *how* to collect consistent and meaningful REAL (Race, Ethnicity, and Language) data, and *why* it is being collected. Understanding the historical context behind race/ethnicity measurement is especially important for minority and other vulnerable populations that have previously been subjected to unethical practices, such as experimentation without consent and other research exploitation.[15] Improving REAL data collection will allow institutions to reliably measure and identify the scope of their impact in reducing disparities in maternal health.

The inclusion of healthcare providers like midwives and community care workers such as doulas, along with culturally competent health educators, are noted to improve provision of high value care. Women in the Listening Sessions reported consistently positive experiences with community health workers, along with home visiting programs, and a desire for expansion of these services.

Recommendations from Symposium Participants

- Establish a statewide maternal mortality review board. Every case of maternal death should be examined and reviewed to offer guidance on key steps that can be taken to improve care.
- Invest in data infrastructure to enhance surveillance of racial disparities and better identify gaps in care. Enhancing the data system can help to measure success in the reduction of racial disparities over time.
- Identify opportunities to optimize postpartum care, with a corresponding reimbursement system that recognizes postpartum care as a patient-centered, ongoing process.[16]
- Increase Medicaid coverage to one-year postpartum and develop policies to increase provider/facility acceptance of Medicaid to help expand access to care in this population.
- Increase accessibility by patients to their medical records without long delays or fees, and pursue secure sharing of medical records seamlessly between facilities to improve continuity of care.

[15] Howell et al., Reduction of Peripartum Racial and Ethnic Disparities: A Conceptual Framework and Maternal Safety Consensus Bundle. Obstet Gynecol 2018;131:770-782. doi: 10.1097/AOG.0000000000002475

[16] Essien et al., Strengthening the postpartum transition of care to address racial disparities in maternal health. J Natl Med Assoc 2018; online. https://doi.org/10.1016/j.jnma.2018.10.016

In Summary

This Symposium served to raise awareness of current approaches, practice gaps, and recommendations in addressing racial disparities and implicit bias in women's healthcare. Health disparities based on race/ethnicity are a critically important issue that necessitates further attention, understanding and exploration, and require additional provider education and organizational based solutions. The role of provider burn-out in relationship to implicit bias and disparities was noted as an area that should not be ignored. The development and promotion of workforce wellness initiatives may be an important investment to improve patient care. Ultimately, a combination of strategies is necessary as women from all racial and ethnic backgrounds deserve compassionate, equitable obstetric care.

Symposium on Racial Disparities and Implicit Bias in Healthcare

New York State Health Foundation, 1385 Broadway, 23rd Floor, NY, NY
Hosted by ACOG, HANYS, & GNYHA
November 1, 2018, 12-3:30pm

AGENDA

11:45am-12:00pm	Registration
12:00pm-12:15pm	**Welcome**
12:15pm-12:30pm	*Maternal Mortality in NYS—Data to Action* **Marilyn Kacica, MD, MPH** Medical Director, Division of Family Health, NYSDOH
12:30pm-12:45pm	*NYSDOH Commissioner's Listening Sessions: Outcomes & Themes* **Meaghan Carroll, MSEd** Health Program Administrator/Family Planning Program Manager, NYSDOH **Nevillene White** Public Health Representative III/Contract Manager, NYSDOH
12:45pm-1:00pm	*Discussion*
	Lessons Learned from the Field – Reducing Disparities & Implicit Bias
1:00pm-1:25pm	*Implicit Bias and Health Disparities: Recognizing and Closing Gaps for Better Health Outcomes* **Angela Marshall, MD, FACP** Founder & Director, Comprehensive Women's Health
1:25pm-1:35pm	*Discussion*
1:35pm-1:50pm	*Addressing Disparities: A Bundled Approach* **Francine Hippolyte, MD, FACOG** Attending Physician, Director of Labor and Delivery; Assistant Professor of Obstetrics and Gynecology, Hofstra North Shore-LIJ School of Medicine **Kaitlin Doyle, MSPH** Director of Public Health Initiatives, Northwell Health

1:50pm-2:05pm *Unconscious Bias Training*
Pamela Abner, MPA
Vice President and Chief Administrative Officer, Office for Diversity and Inclusion, Mount Sinai Health System

2:05pm-2:20pm *Discussion*

2:20pm-2:35pm *Update on SUNY Workgroup: Approach to Medical Education*
Leah Kaufman, MD, FACOG
Residency Program Director, Associate Professor & Vice Chair of the Ob/Gyn Dept, SUNY Upstate Medical University
Robert Silverman, MD, FACOG
Professor and Chairman, Dept of Ob/Gyn, Division Chief of Maternal-Fetal Medicine, Regional Perinatal Program Director
SUNY Upstate Medical University & Crouse Hospital

2:35pm-2:50pm *NYC DOHMH Efforts to Address Racial Disparities in Severe Maternal Morbidity and Maternal Mortality*
Lorraine Boyd, MD, MPH
Medical Director, Division of Family and Child Health, NYC DOHMH

2:50pm-3:05pm *Discussion*

3:05pm-3:30pm **Promising Initiatives & Recommended Solutions**

- Develop a list of promising initiatives and lessons learned to share with provider community
- Identify solutions to challenges and barriers raised
    - Provider/hospital level
    - Community level
    - State level

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