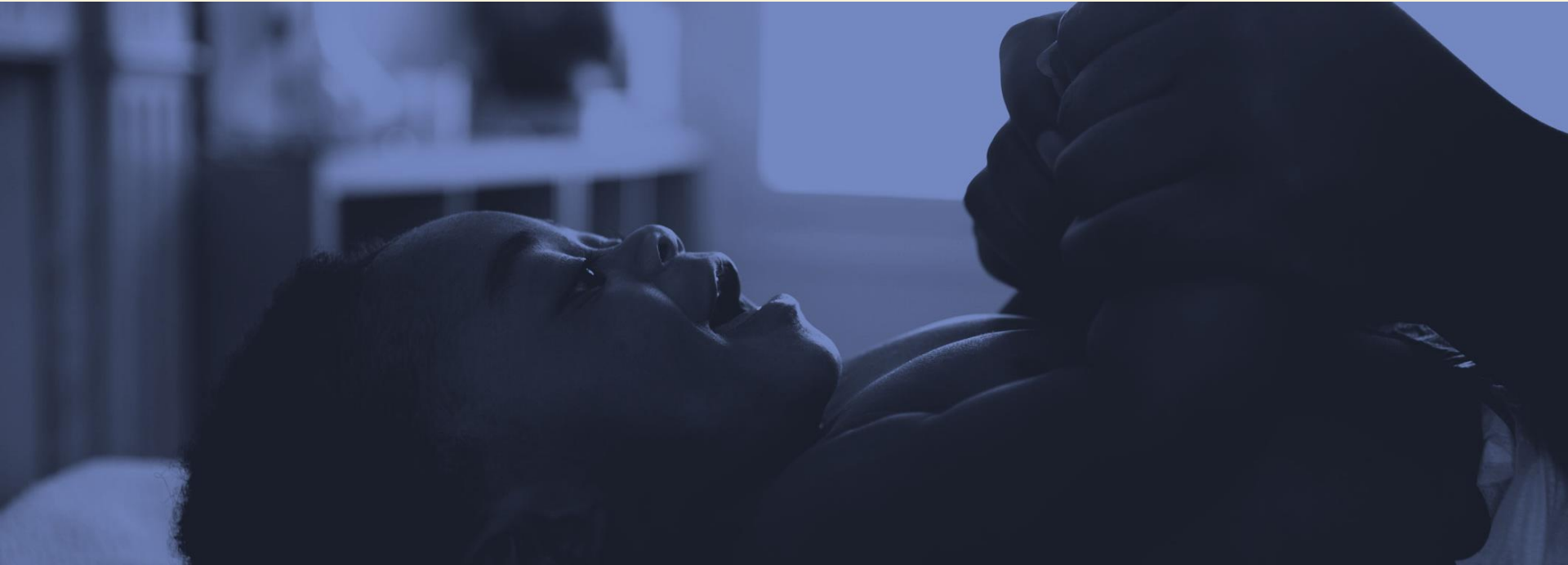# Implicit Bias Training

National WIC Association

2018 Maternal Mortality Conference

Disclosure Information

We have no financial relationships with any commercial interest related to the content of this activity.

Dr. Joia Crear-Perry

Carmen Green, MPH

Objectives

Explore race and racism as a social determinant of health inequities

Normalize unconscious bias

**Understand dynamics of power in policy & decision making**

Identify tools for overcoming bias to best meet the needs of mothers

Mission

To reduce Black maternal and infant mortality through research, family centered collaboration and advocacy.

Goal

Reducing black infant mortality rates in cities with the highest numbers of Black infant deaths to at or below the national average in these sites in the next 10 years.
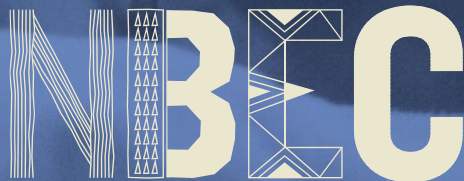
Our vision is that every Black infant will celebrate a healthy first birthday with their families.

NBEC

NATIONAL BIRTH EQUITY COLLABORATIVE

birth equity *(noun)*:

1. The assurance of the conditions of optimal births for all people with a willingness to address racial and social inequalities in a sustained effort.

Joia Crear-Perry, MD
National Birth Equity Collaborative

Health Equity

Everyone has a fair and just opportunity to be healthier.

Acknowledgements

- Intersectionality
- Social determinants of health
- Centering marginalized communities
- Structural racism
- Culture and place

Reproductive Justice

The human right to maintain personal bodily autonomy, have children, not have children, and parent the children we have in safe and sustainable communities.

-Loretta Ross

We must…

- Analyze power systems

- Address intersecting oppressions

- Center the most marginalized

- Join together across issues and identities

CLINICAL + **SOCIAL**
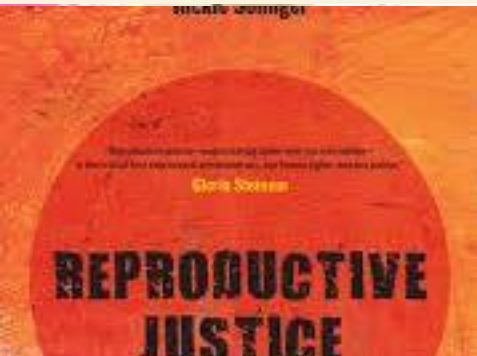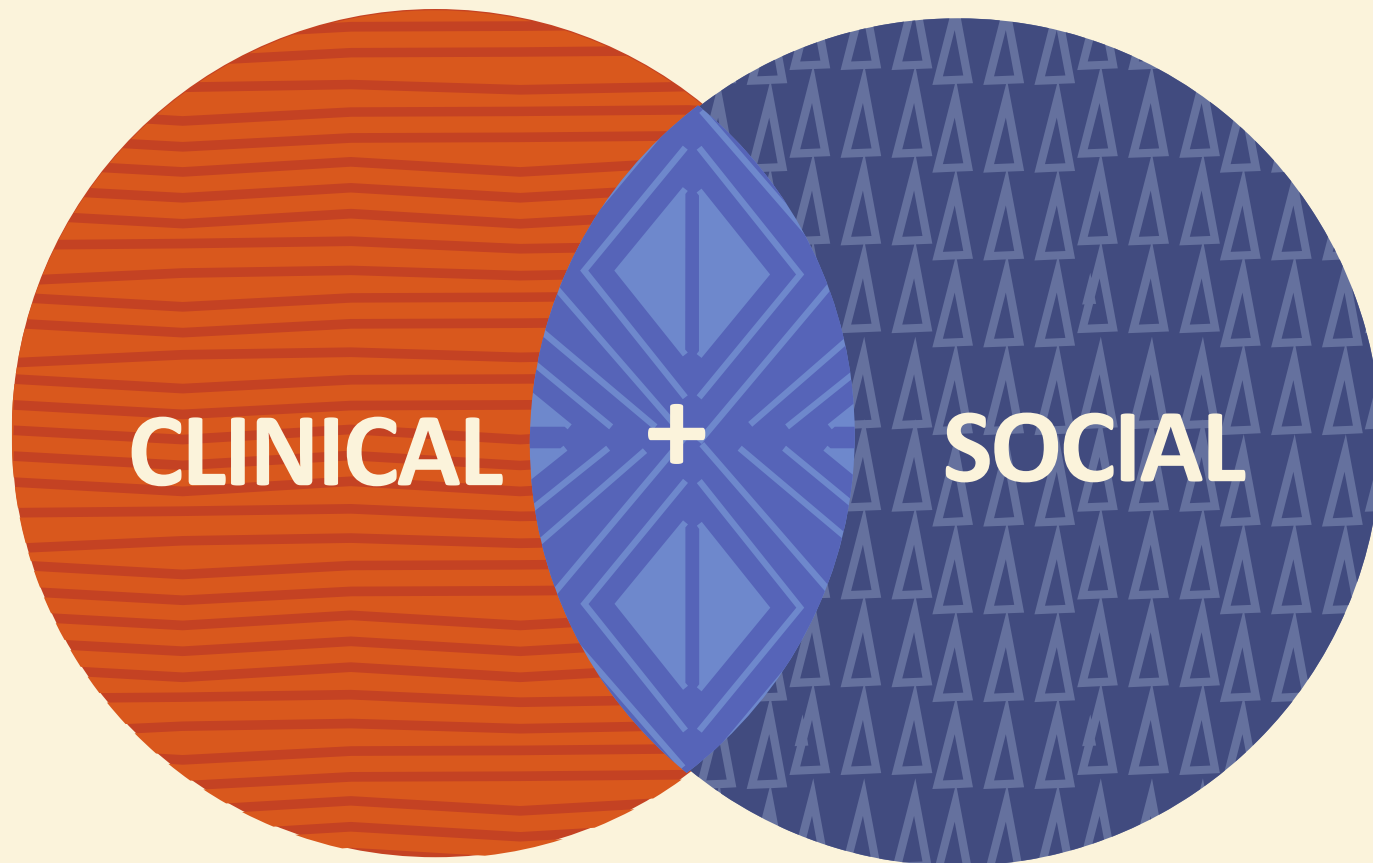
"Working in this area of overlap is part of the reason why programs like Healthy Start, Case Management, NFP, and Centering experience much of their success."

– Arthur James, M.D.

Adopting a Common Framework

What are "Social Determinants of Health"?

"The social determinants of health are the conditions in which people are born, grow, live, work, and age. These circumstances are shaped by the distribution of money, power, and resources at the global, national, and local levels. Examples of resources include employment, housing, education, health care, public safety, and food access."

Source: World Health Organization (http://www.who.int/social_determinants/sdh_definition/en/)

Root Causes

Institutional Racism

Class Oppression

Gender Discrimination and Exploitation

Power and Wealth Imbalance

LABOR MARKETS

TAX POLICY

HOUSING POLICY

EDUCATION SYSTEMS

GLOBALIZATION & DEREGULATION

SOCIAL SAFETY NET

SOCIAL NETWORKS

Social Determinants of Health

Safe Affordable Housing

Job Security

Living Wage

Quality Education

Transportation

Availability of Food

Social Connection & Safety

Psychosocial Stress / Unhealthy Behaviors

Disparity in the Distribution of Disease, Illness, and Wellbeing

Adapted by MPHI from R. Hofrichter, *Tackling Health Inequities Through Public Health Practice.*

Maternal Mortality

Maternal death due to complications of pregnancy and childbirth.

Clinical Risk Factors	Social Risk Factors

• Eclampsia
• Cardiac disease
• Acute renal failure
• Preconception BMI
• Chronic conditions
• Serious obstetric complications
    ○ Blood transfusion
    ○ Ventilation
    ○ Hysterectomy
    ○ Heart failure
	• **Housing**
	• **Income**
	• **Neighborhood safety**
	• **Air quality and environmental stresses**
	• **Food Insecurity**
	• **Access to quality, comprehensive health care services**
	• **Low educational attainment**
	• **Unemployment and rigid scheduling**
	• **Chronic stressors of racism**

RACE AND RACISM

Discrimination and Racism as SDOH

Racism affects health both directly (i.e., via chronic stress) and indirectly.

Race-based discrimination across multiple systems creates differential access to high-quality schools, safe neighborhoods, good jobs, and quality healthcare, in other words, by shaping SDOH.

Anthropology Demonstrates...

- Race is real, and it matters in society, but not how racists think it does.

- Race is not a genetic cluster nor a population.

- Race is not biology but racism has biological effects

- Social constructs are real for those who hold them

RACE

≠

ETHNIC GROUP

≠

POPULATION

≠

ANCESTRY

Race is a Social Construct

➢ Black mothers who are college-educated fare worse than women of all other races who never finished high school.

➢ Obese women of all races do better than black women who are of normal weight.

➢ Black women in the wealthiest neighborhoods do worse than white, Hispanic and Asian mothers in the poorest ones.

➢ African American women who initiated prenatal care in the first trimester still had higher rates of infant mortality than non-Hispanic white women with late or no prenatal

Internalized

Personally Mediated

Institutional
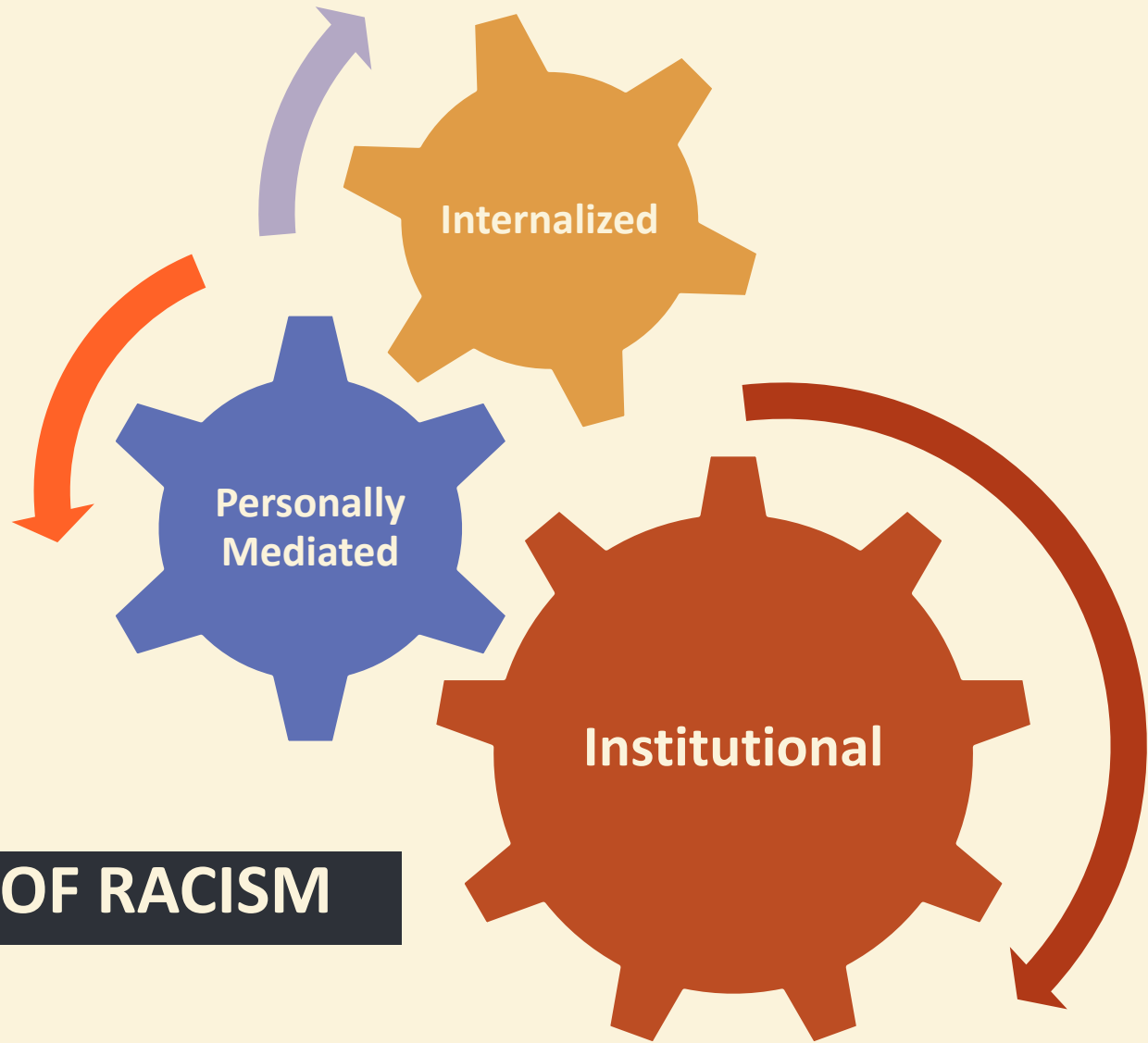
LEVELS OF RACISM

The effects of whiteness on the health of whites in the USA

Jennifer Malat, Sarah Mayorga-Gallo, David R. Williams

Combining the "concept of whiteness"- a system that socially, economically and ideologically benefits European descendants- with other research to determine the social factors that influence whites' health.

Whiteness and health:

- Societal conditions
- Individual social characteristics and experiences
- Psychosocial responses

The effects of whiteness on the health of whites in the USA

Positive Health Consequences

- "Positive illusions" and beliefs of American meritocracy promote self-enhancement and extend longevity
- Psychological benefits from economic and social policies that favor dominant culture

Negative Health Consequences

- Perceptions of white victimhood are common
  - 57-62% of white Americans believe that life has changed for the worse since the 1950s
  - 50-60% believe that discrimination against whites is as big of a problem as discrimination against blacks in the USA
- Unmet expectations for success cause high levels of psychological distress
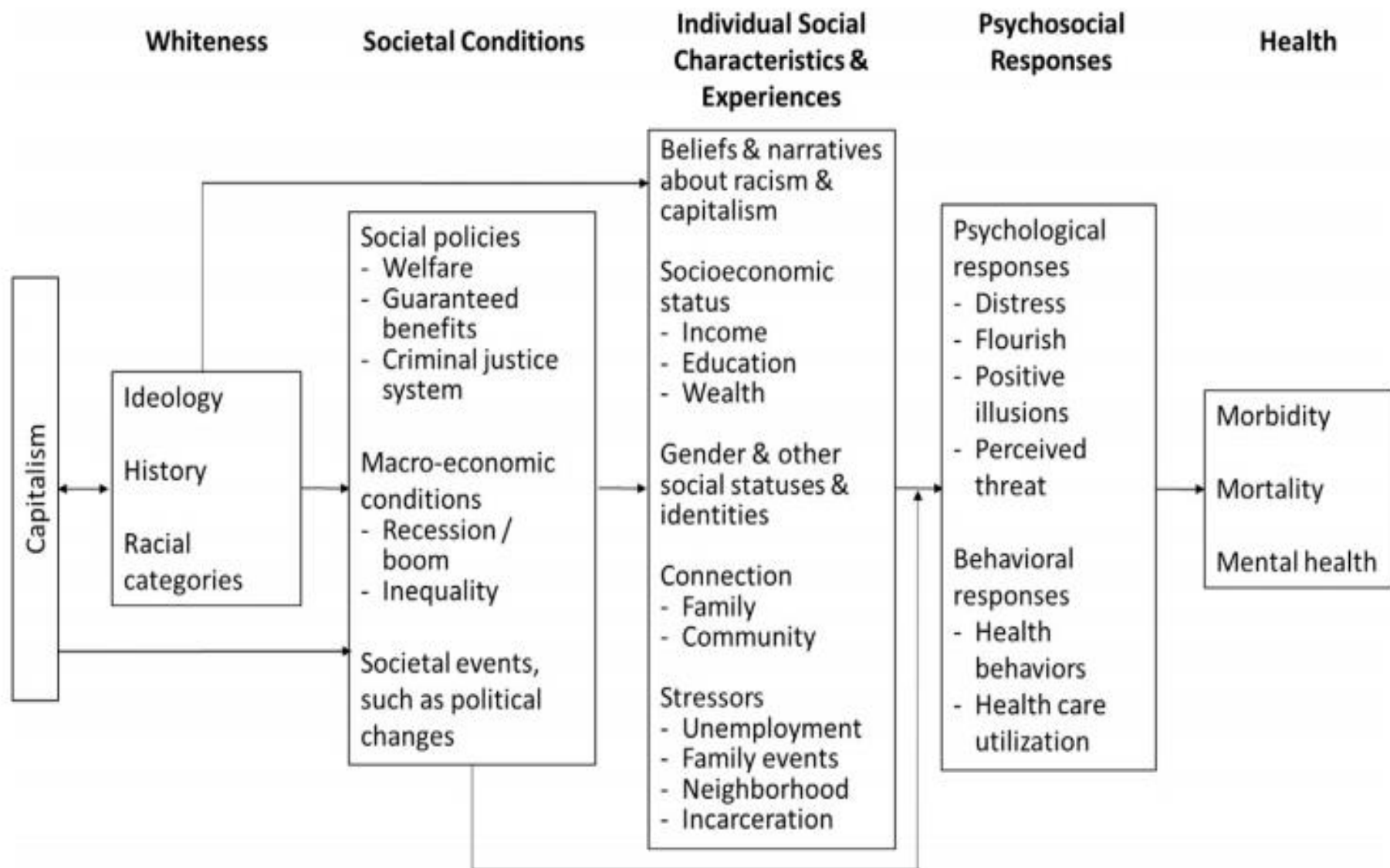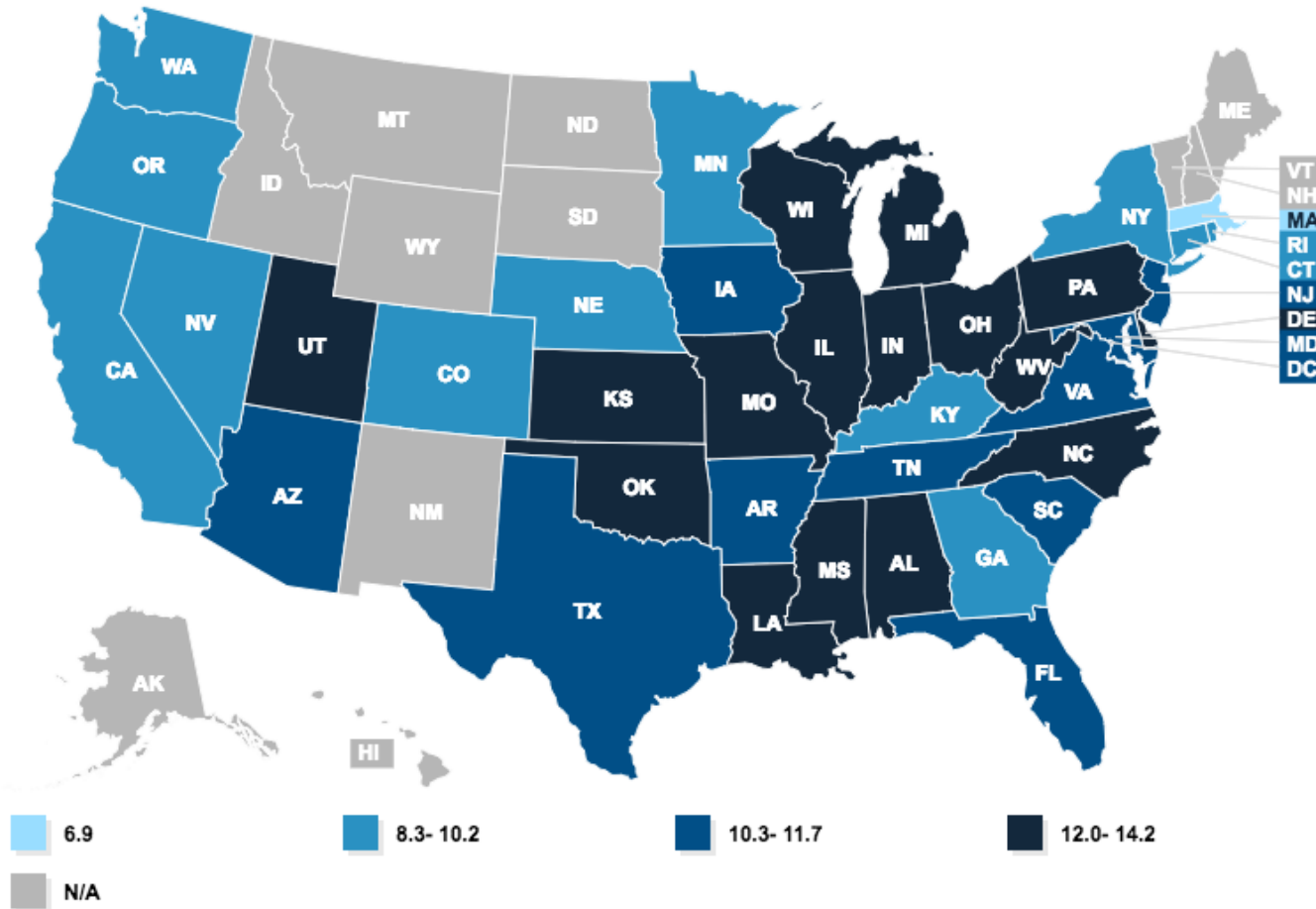- Lack of redemption narratives and coping mechanisms

Fig. 1. Framework describing the relationship between whiteness and health.

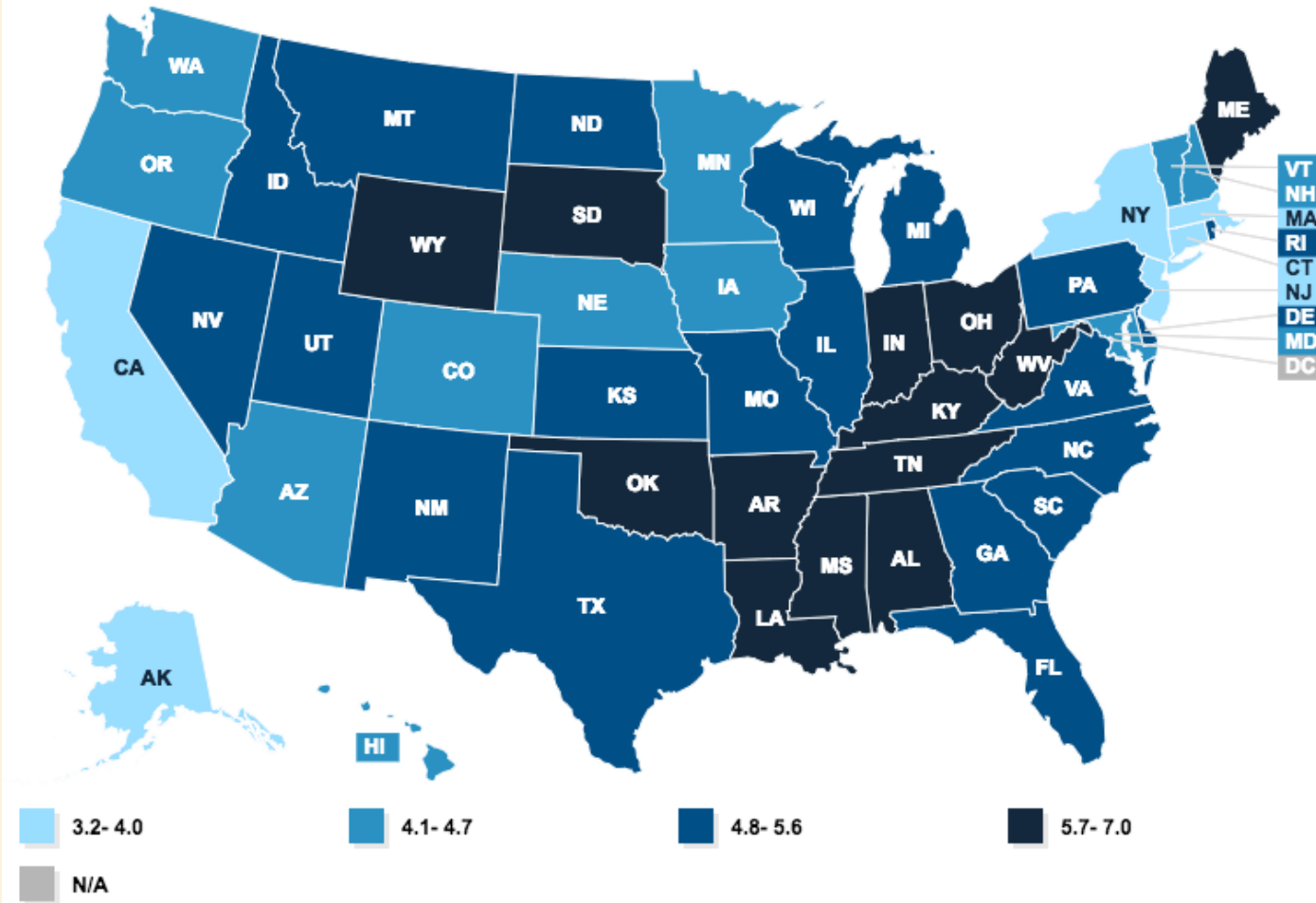# Black Infant Mortality

Infant Mortality Rate (Deaths per 1,000 Live Births) by Race/Ethnicity: Non Hispanic Black, 2011-2013 (Linked Files)

Legend:
- 6.9
- 8.3- 10.2
- 10.3- 11.7
- 12.0- 14.2
- N/A

SOURCE: Kaiser Family Foundation's State Health Facts.

White Infant Mortality

Infant Mortality Rate (Deaths per 1,000 Live Births) by Race/Ethnicity: Non Hispanic White, 2011-2013 (Linked Files)

Legend:
- 3.2- 4.0
- 4.1- 4.7
- 4.8- 5.6
- 5.7- 7.0
- N/A

SOURCE: Kaiser Family Foundation's State Health Facts.

UNCONSCIOUS BIAS

Unconscious bias (noun):

1. Bias is the "implicit" aspect of prejudice…[the] unconscious activation of prejudice notions of race, gender, ethnicity, age and other stereotypes that influences our judgment and decision-making capacity.

Devine, 1989

What Would You Do?

Implicit Bias

Bias is inherent

- Unconscious assumptions about an other skew our understanding, unintentionally affecting actions and judgments

Moving forward

- Reframe implicit bias as an unintentional and unconscious habit
- This allows us to focus on mindfulness in pursuit of conscious, deliberate behavior change
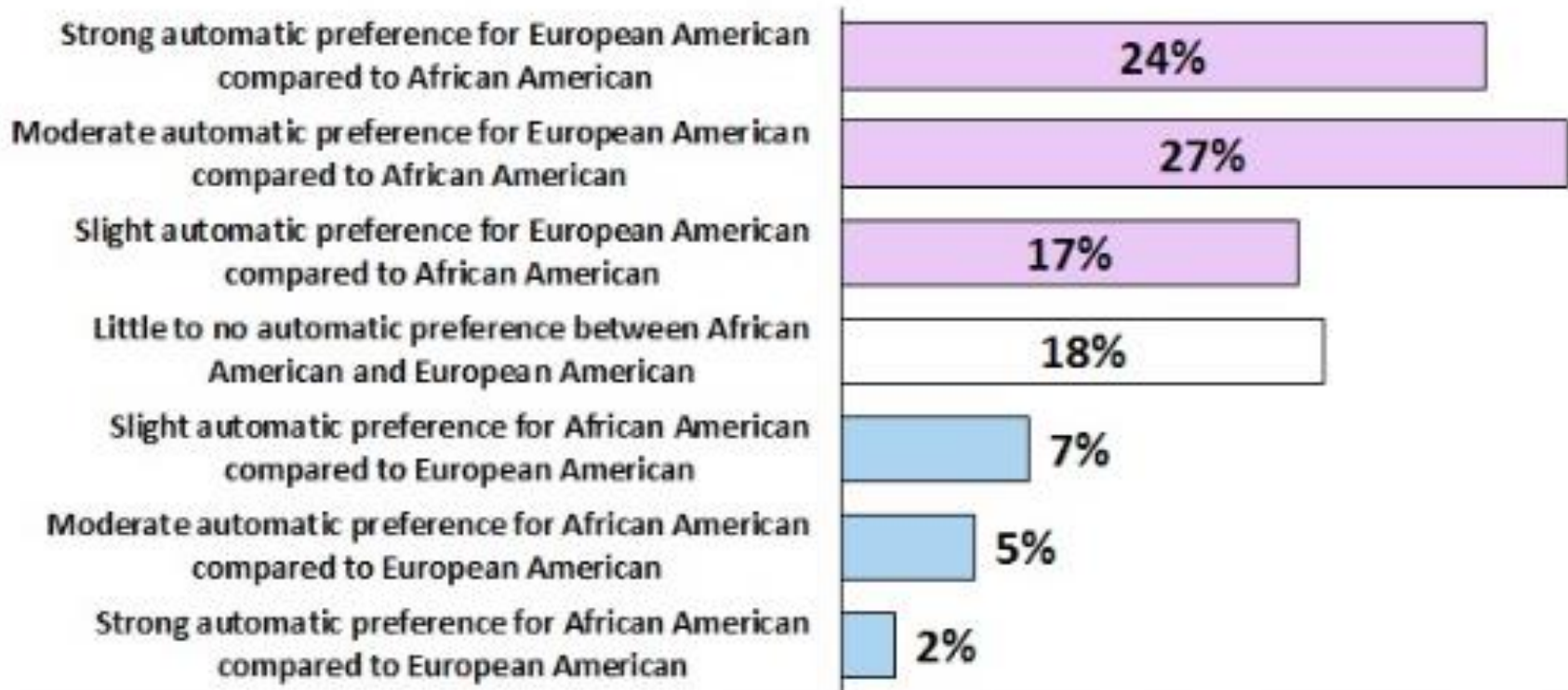
Reflexive Critical Thinking

Knowing how to question information, identifying and controlling for our personal biases.

- We all think of ourselves as objective and fair when looking at evidence.

- Critical thinking is moot with sexist, racist, or anti-science views.

- Beliefs and values are normative because they're linked to powerful social institutions, that we trust.

- When you don't know what information to trust, or you have a weak commitment to new ideas, research shows you don't take action.

- Some seek out alternative explanations to soothe

IAT Results

Percent of web respondents with each score

Strong automatic preference for European American compared to African American	24%
Moderate automatic preference for European American compared to African American	27%
Slight automatic preference for European American compared to African American	17%
Little to no automatic preference between African American and European American	18%
Slight automatic preference for African American compared to European American	7%
Moderate automatic preference for African American compared to European American	5%
Strong automatic preference for African American compared to European American	2%

This distribution summarizes 3,314,277 IAT scores for the Race task completed between December 2002 and December 2015.

Decreasing Bias

Results

- Does not change racial attitudes or motivations to respond without prejudice
- Participants were more concerned and aware of discrimination and their own personal bias
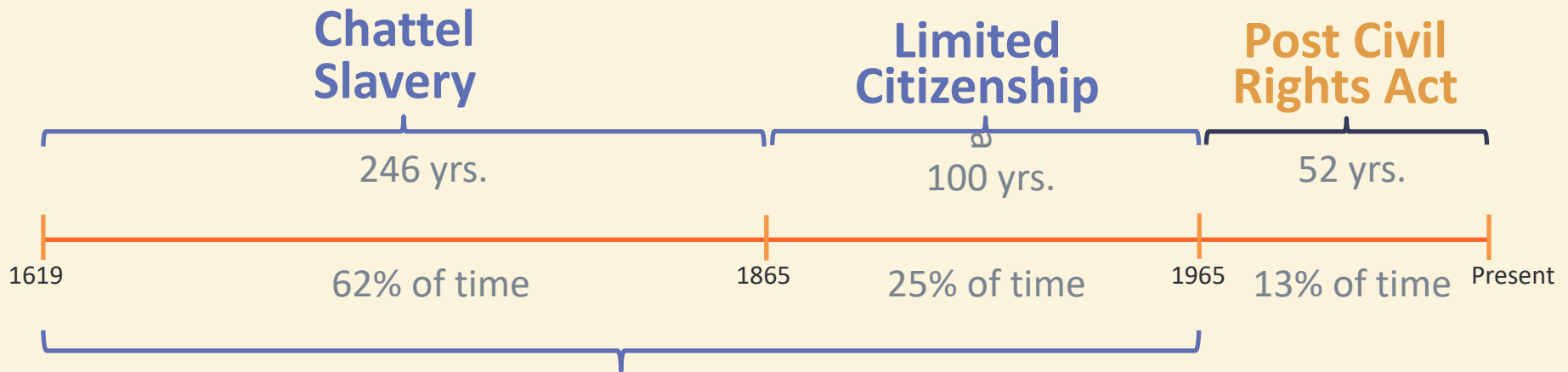
Strategies

- Stereotype replacement
- Thinking of counter-stereotypic examples
- Individualizing instead of generalizing
- Perspective taking/"Walking in their shoes"

POWER, CHOICE AND POLICY

Timeline of African American Experience

Chattel Slavery

Limited Citizenship

Post Civil Rights Act

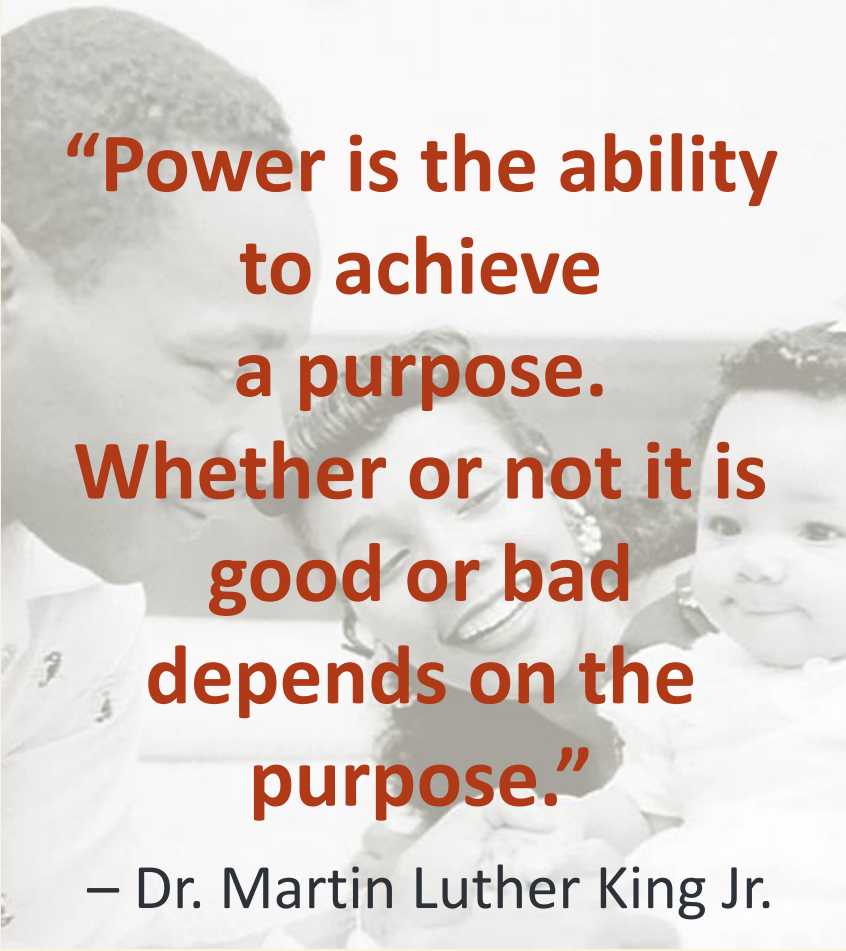246 yrs.

100 yrs.

52 yrs.

1619

62% of time

1865

25% of time

1965

13% of time

Present

87% of the Black experience has been under explicit racial oppression.

100% of the U.S. Black experience has been in struggle for humanity and equality.

"Power is the ability to achieve a purpose. Whether or not it is good or bad depends on the purpose."

– Dr. Martin Luther King Jr.

1) **Worldview**

   Cultural beliefs, norms, traditions, histories, faith   traditions and practices

2) **Agenda**

   Conscious and subconscious position on matters

3) **Decisions**

   Policies and laws

Source: Grassroots Policy Project

Choice Points

Bias → **Discrimination**

Bias + Power → **Racism**

Choice-Point

Critically assess the ultimate goal, personal biases and power dynamics when making decisions.

Choice Influencers

- Personal experience
- Professional position
- Administrative input
- Community input
- Timeline
- Goal
- Rearing, learned patterns
- Past trauma, PTSD
- Societal norms
- Stereotypes

"Racially discriminatory policies have usually sprung from economic, political, and cultural self-interests, self-interests that are constantly changing."

- Politicians seek political self-interest.

- Capitalists seek increased profit margins.

- Cultural professionals seek professional advancement.

— Ibram X. Kendi, Stamped from the Beginning: The Definitive History of Racist Ideas in America

Medical Justification for Racism

Dr. Samuel A. Cartwright- Special research guest of Tulane University
"Report On The Diseases and Physical Peculiarities Of The Negro race"
The New Orleans Medical and Surgical Journal, 1851

Drapetomania
- A runaway slave is mentally ill
- Symptoms
  - Dysaesthesia Aethiopica- Black laziness
  - "…inclination to raise their heads to a level with their master or overseer"
  - "…sulky and dissatisfied without cause"
  - "…negroes living by themselves…like free negroes"
- Prevention & Cures
  - Treated like children
  - Punishment until submission
  - "whipping the devil out of them"
 - "put the patient to some hard kind of work in the sunshine"
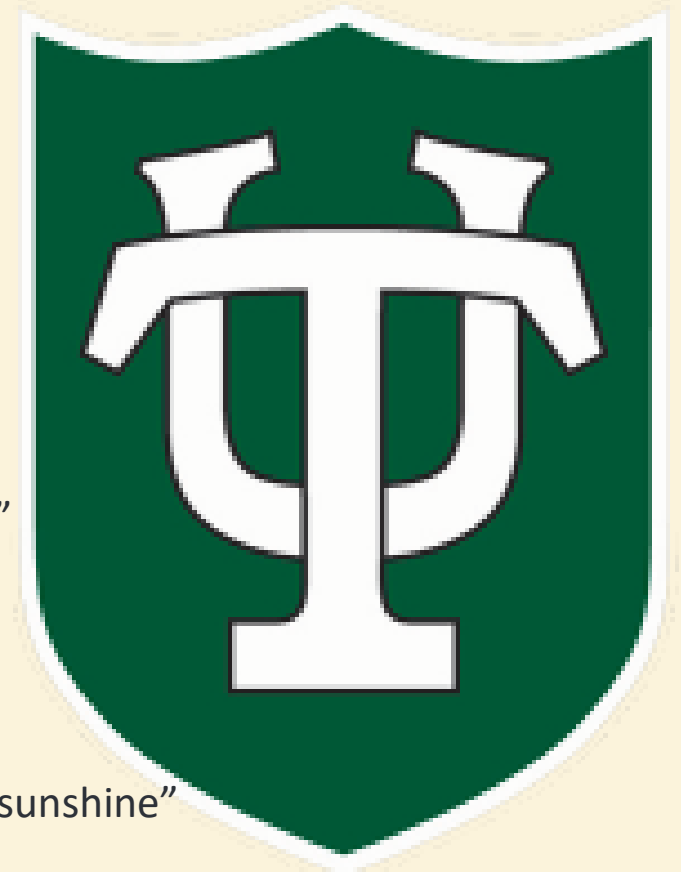
Redlining: 1934-1968

Redlining is the practice of arbitrarily denying or limiting financial services to specific neighborhoods, generally because its residents are people of color or are poor.
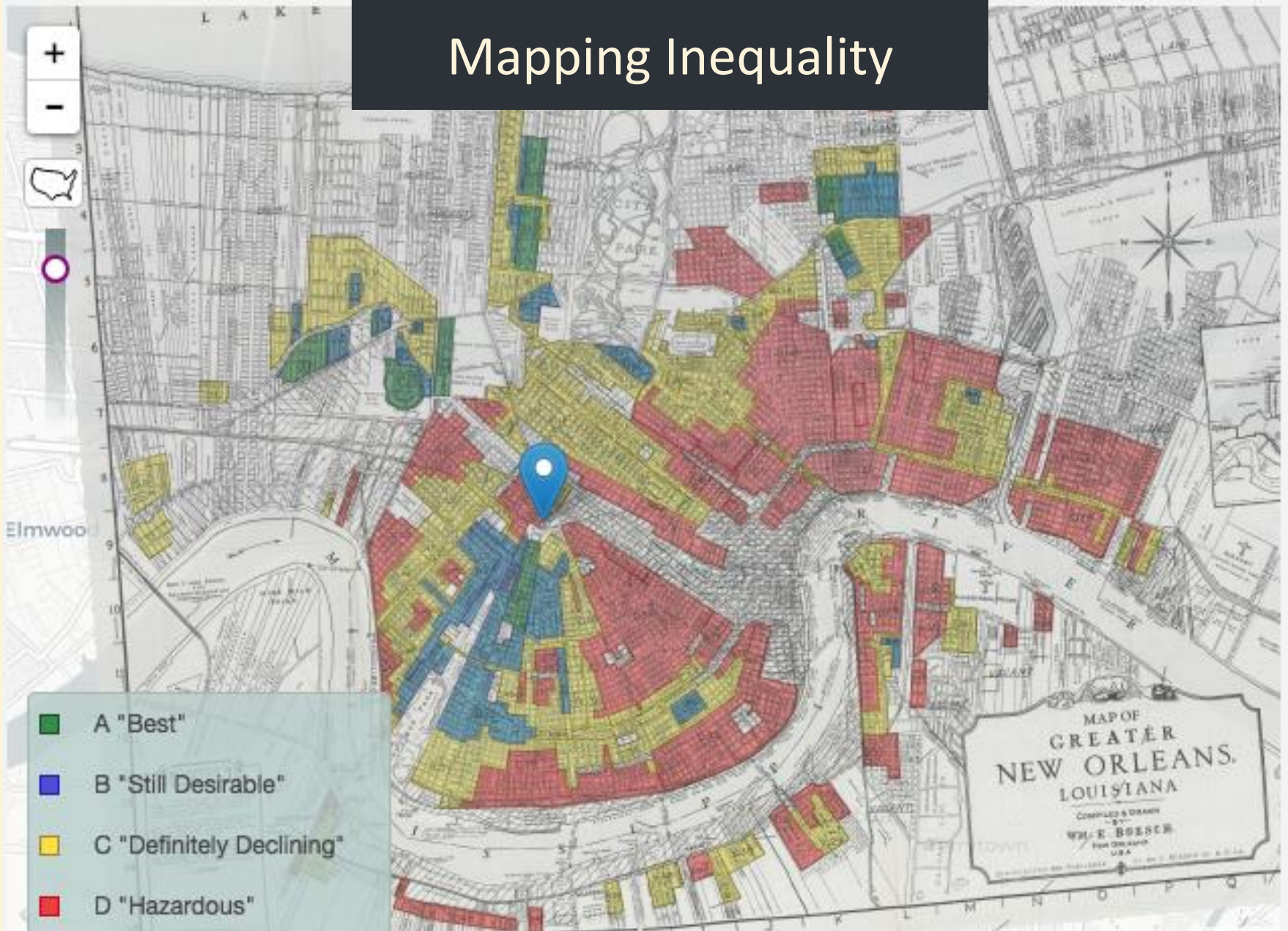
Banks used the concept to deny loans to homeowners and would-be homeowners who lived in these neighborhoods. This in turn resulted in neighborhood economic decline and the withholding of services or their provision at an exceptionally high cost.
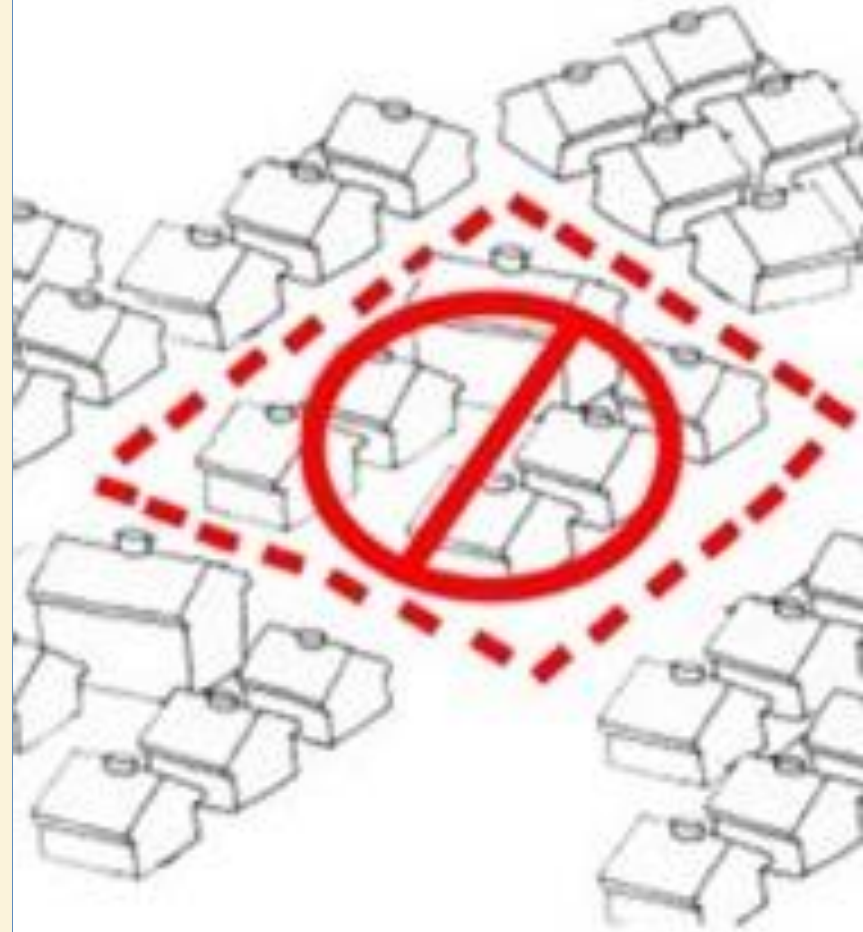
Race The House We Live In
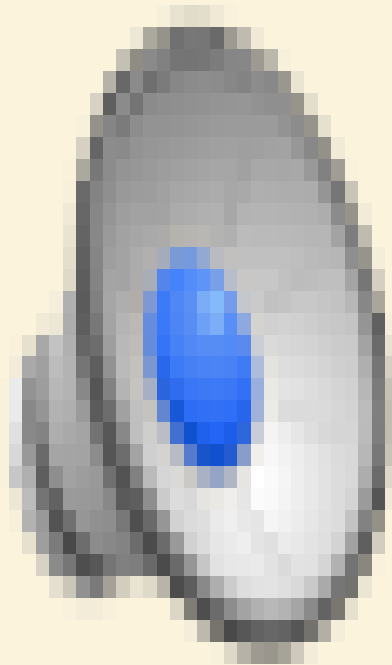
Louisiana Housing Laws

Discriminatory statewide housing laws were not repealed until the 1970s

AN ACT

To repeal Section 317 of Title 14 of the Louisiana Revised Statutes of 1950, relative to the crime of renting to a person of the black race an apartment or tenement in a house already occupied by a member of the white race, relative to the penalty of* fine from ten dollars to one hundred dollars and/or imprisonment of from ten days to sixty days or both.

AN ACT

To repeal Sections 5066, 5067 and 5068 of Title 33 of the Louisiana Revised Statutes of 1950, relative to the requirement of consent of a majority vote of black citizens to allow a white person to construct a house in a black community and a majority vote of white citizens to allow a black person to construct a house in a white community in cities of over twenty-five thousand residents and the penalty for violation.

TOOLS

Segregationists → Assimilationists → Anti-Racists

Social Determinants and Asking Questions

Open-Ended Questioning

- Ask why
- Never say "usually" when asking a question
- Encourage stories, engage deep dialogue
- Look for inconsistencies
- Pay attention to nonverbal cues
- Silence and pauses are natural and shouldn't be rushed through
- Refrain from suggesting answers to questions
- Ask questions with neutral language
  - No emotional charge
  - No assumption
  - No contradictory body language

Suggestions

Shortening forms/asking questions differently.

Training around how to ask SDOH questions sensitively with cultural competence.

Leading	Open-Ended
Have you tried…?	What have you tried?
What did you do wrong?	What did you learn?

IHI (Institute for Healthcare Improvement) Framework To Achieve Health Equity

1. Make health equity a strategic priority
- Demonstrate leadership commitment to improving equity at all levels of the organization
- Secure sustainable funding through new payment models

2. Develop structure & processes to support health equity work
- Establish a governance committee to oversee and manage equity work across the organization
- Dedicate resources in the budget to support equity work

3. Deploy specific strategies to address the multiple determinants of health on which health care organizations can have a direct impact
- Health care services (CLAS, CHW, co-design processes)
- Socioeconomic status (fair pay & opportunity for employees)
- Physical environment
- Healthy behaviors

4. Decrease institutional racism within the organization
- Physical space: Buildings & design
- Health insurance plans accepted by the organization
- Reduce implicit bias within organization policies, structures & in patient care

5. Develop partnerships with community organizations
- Leverage community assets to work together on community issues related to improving health & equity

Wyatt R., Laderman M., Botwinick L., Mate K., Wittington J. *Achieving Health Equity: A Guide for Health Care Organizations*. IHI White Paper. Cambridge, Massachusetts: Institute for Healthcare Improvement; 2016. (Available at ihi.org)

Root Cause Analysis

- Identify hazards and vulnerabilities that impact patient safety and then prioritize them to determine if action is required
- Identify systems-based corrective actions
- Ensure the timely execution of an RCA and formulation of effective sustainable improvements and corrective actions
- Ensure follow-through to implement recommendations
- Measure whether corrective actions were successful
- Ensure that leadership at all levels of the organization participate in making certain that RCAs are performed when appropriate, in a timely manner, and that corrective actions are implemented to improve patient safety

Rules to "5 Whys"

Rule 1. Clearly show the "cause and effect" relationship.

Rule 2. Use specific and accurate descriptors for what occurred, rather than negative and vague words. Avoid words such as: Poor; Inadequate; Wrong; Bad; Failed; Careless.

Rule 3. Human errors must have a preceding cause.

**Rule 4.** Violations of procedure are not root causes, but must have a preceding cause.

Rule 5. Failure to act is only causal when there is a pre-existing duty to act.

"5 Whys" Exercise

EVENT: What happened?

PATTERN: What's been happening?

STRUCTURE. Why is it happening? What are the tangible and intangible structures determining the results we see?

1.
⬅ Why is that?

2.
⬅ Why is that?

3.
⬅ Why is that?

4.
⬅ Why is that?

5.
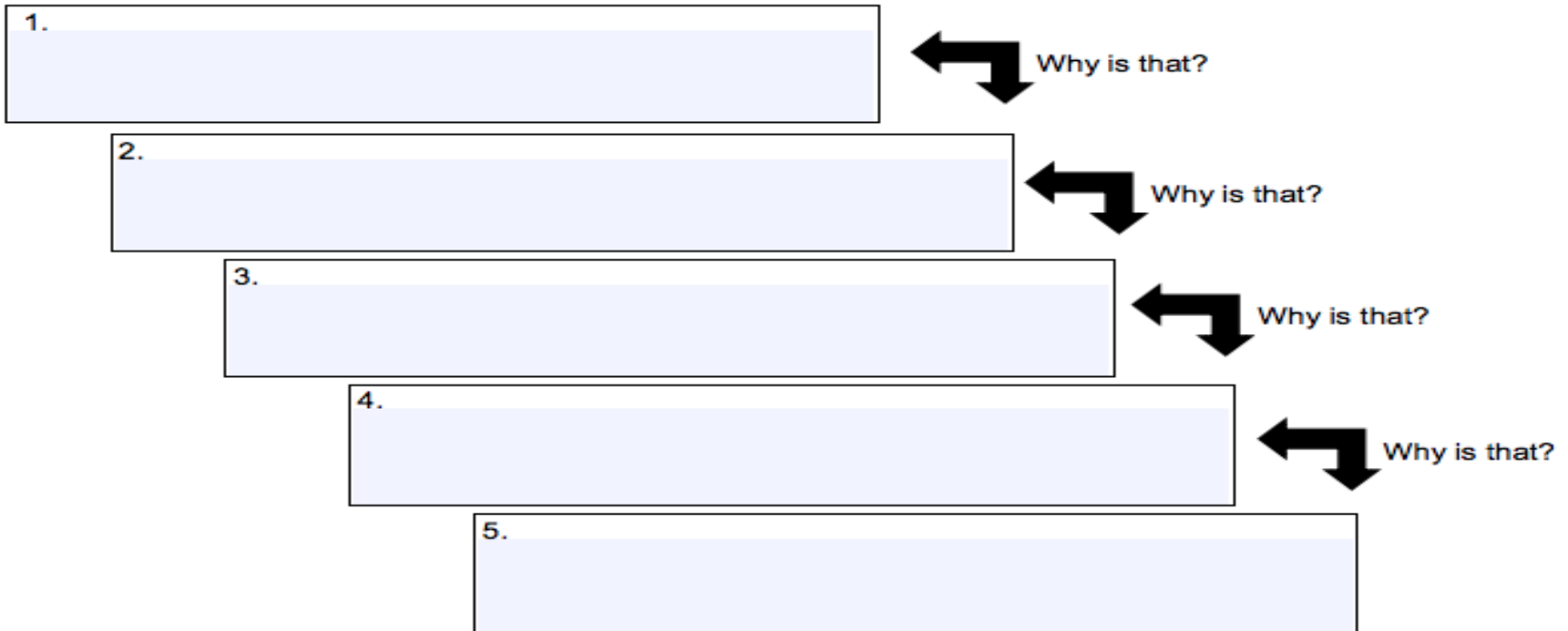
ACTION: What are the implications for action?

Questions?

Thank you

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