

# Implementing a Comprehensive Implicit Bias Training for Provider and Nurse Education

Birth Equity Initiative Monthly Webinar 5 –  
March 19, 2024



● NEBRASKA, WHERE A GREAT LIFE STARTS WITH HEALTHY MOMS AND HEALTHY BABIES. ●

# Agenda

- NPQIC updates
- Equitable & Respectful Care Review
- Implementing a comprehensive implicit bias training for provider and nurse education
- Guest Speaker: Michelle van Ryn, PhD, MPH
- Guest Speaker: Alex Dworak, MD
- QI Data Corner
- Spotlight: Nebraska Medicine BE Team
- Team Talk
- BE next steps

Please enter your name  
and the hospital team  
you are affiliated with  
in the chat!

# Monthly Webinar Topic Schedule

Title	Month
Kickoff	November 2023
Optimizing Race/Ethnicity Data Collection	December 2023
Operationalizing Race & Ethnicity Data Collection	January 2024
Equitable & Respectful Care Principles and PREM	February 2024
<b>Implementing a comprehensive implicit bias training for provider/nurse education</b>	March 2024
Engaging Patient Partners in QI/Birth Equity Work	April 2024

# NPQIC Updates

# Printed Materials Update:

- Respectful Care Practices bundles have been ordered and shipped!!
- If you have not received them, let us know
- Find the documents on our website to print additional copies



# 2024 Annual NPQIC Summit



- Mark your calendars for Friday, September 27, 2024!!
- Venue: The beautiful Kimpton Cottonwood Hotel Omaha
  - 302 S. 36<sup>th</sup> St. Omaha, NE
- High caliber speakers addressing timely topics in perinatal QI

# Upcoming Birth Equity Awards Criteria

- Birth Equity QI Leader Award (2024)
  - Complete up-to-date data submitted by August 15 (baseline + first 6 months)
  - At least 4 structure measures in place (green or yellow)
- Data Champion Award (2024)
  - Complete up-to-date data submitted by August 15 (baseline + first 6 months)



# Equity Exercise

We encourage you to complete these exercises with your internal Birth Equity teams to develop deeper understandings of the complexities of personal bias, structural racism, racial equity, and more.



# Equity Exercise- Exploring our own implicit biases

People don't always say what's on their minds. One reason is that they are unwilling. For example, someone might report smoking a pack of cigarettes per day because they are embarrassed to admit that they smoke two. Another reason is that they are unable. A smoker might truly believe that she smokes a pack a day, or might not keep track at all. The difference between being unwilling and unable is the difference between purposely hiding something from someone and unknowingly hiding something from yourself.

*The Harvard Implicit Association Test (IAT) measures attitudes and beliefs that people may be unwilling or unable to report. The IAT may be especially interesting if it shows that you have an implicit attitude that you did not know about. For example, you may believe that women and men should be equally associated with science, but your automatic associations could show that you (like many others) associate men with science more than you associate women with science.*



**Project Implicit**



# Your turn: Have your BE teams partake in a few tests and discuss together

- Allow team members to select 2-4 tests of their choice.
- Do not require individuals to share their personal results.
- Utilize the information provided after each test
- Discuss together after all team members have completed their tests:
  - What feelings or questions came up during the tests?
  - How do you feel about your individual results?
  - How might you use this broader understanding of implicit biases to:
    - modify approaches to care delivery?
    - Interact with colleagues? With patients?

[Click Here to Access the Implicit Bias Tests](#)

# STRATEGIES TO OVERCOME RACISM'S IMPACT ON PREGNANCY OUTCOMES

## TYPES OF RACISM

**Institutionalized:** Differential access to the goods, services, and opportunities of society by race.

**Personally Mediated:** Prejudice and discrimination, where prejudice means differential assumptions about the abilities, motives, and intentions of others according to their race, and discrimination means differential actions toward others according to their race.

**Internalized:** Acceptance by members of the stigmatized race(s) of negative messages about their own abilities and intrinsic worth.

## REPRODUCTIVE JUSTICE

The human right to maintain personal bodily autonomy, have children, not have children, and parent children in safe and sustainable communities as defined by SisterSong Women of Color Reproductive Justice Collective.

## IMPACTS

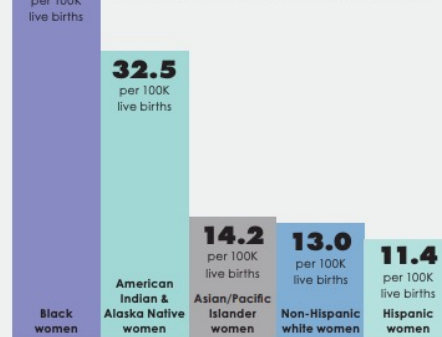
### Health Care Providers are Less Likely to Respond to the Concerns of Black Women

Black women are **22% less likely**

to receive an epidural than white women.

### Black Women are Most Likely to Die

Between 2011-2015, Black women had the highest pregnancy-related mortality ratios.



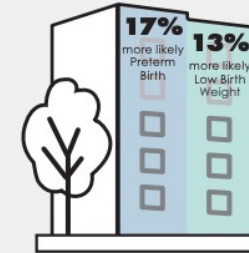
### Black Women Face Barriers to Accessing their Preferred Method of Contraception

Black women report experiences of race-based discrimination and restrictive counseling when seeking family planning services.



### Black Infants are More Likely to Die Before Their First Birthday

The rate at which Black infants die within their first year of life is **more than twice** the rate of white infants.



### Black Infants are More Likely to Be Born Early

Black women who live in the most segregated neighborhoods have an increased risk for poor birth outcomes as compared to Black women in less segregated neighborhoods.

## STRATEGIES

### Confront Your Own Racism and Act Against Personal Biases

A survey of maternal-fetal medicine subspecialists revealed

**84%**

agree that disparities impact their practice, but only

**29%**

believe personal biases affect how they care for patients.

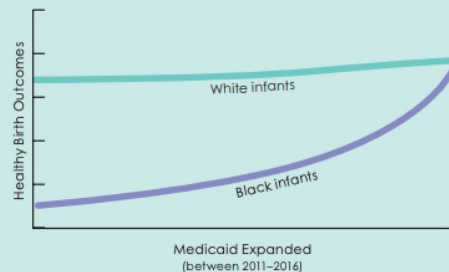


### Offer Implicit Bias and Anti-Racism Training for Health Care Professionals

[Self-assessments are available online.](#)

### Expand or Extend Medicaid

In states that expanded Medicaid between 2011-2016, Black-white disparities in key birth outcomes (preterm birth and low birth weight) significantly decreased:



**Improve Maternal Health Data Collection and Reporting Methods**, including collecting data and expanding the evidence surrounding experiences of race-based discrimination in the health care system.

### Increase Access to Quality, Comprehensive Reproductive Health Care

If Black women delivered at the same hospitals as white women, nearly **1,000 Black women each year could avoid severe morbidity events** during their delivery hospitalizations.



### Commit to Diversifying the Health Care Workforce & Leadership

Relationships between patients and clinicians of the same racial or ethnic background are characterized by higher levels of trust and respect.

Black patients with Black physicians are

**2.94 times**

more likely to report receiving all needed medical care compared to those with other physicians.

Black patients with Black physicians are

**1.74 times**

more likely to report receiving preventive care compared to those with other physicians.

For more information, visit [SMFM.org/equity](http://SMFM.org/equity).

# Equitable & Respectful Care Check-In

1. Make sure your team has received the printed materials/order additional materials as needed
2. Collect Respectful Care Practices Sign-off sheets for all providers and nurses to acknowledge their commitment.
3. Post Respectful Care Practices posters in patient facing areas where patients can read them (L&D rooms, triage, check-in...)
4. Create a process flow to:
  1. Identify a team member responsible for providing patients the Respectful Care Practices handout on arrival to L&D and review
  2. At discharge, make sure all patients receive the PREM Survey QR code and are asked to anonymously complete the PREM Survey
5. Review PREM Survey and provide an overview to clinical teams



# Equitable & Respectful Care Check-In

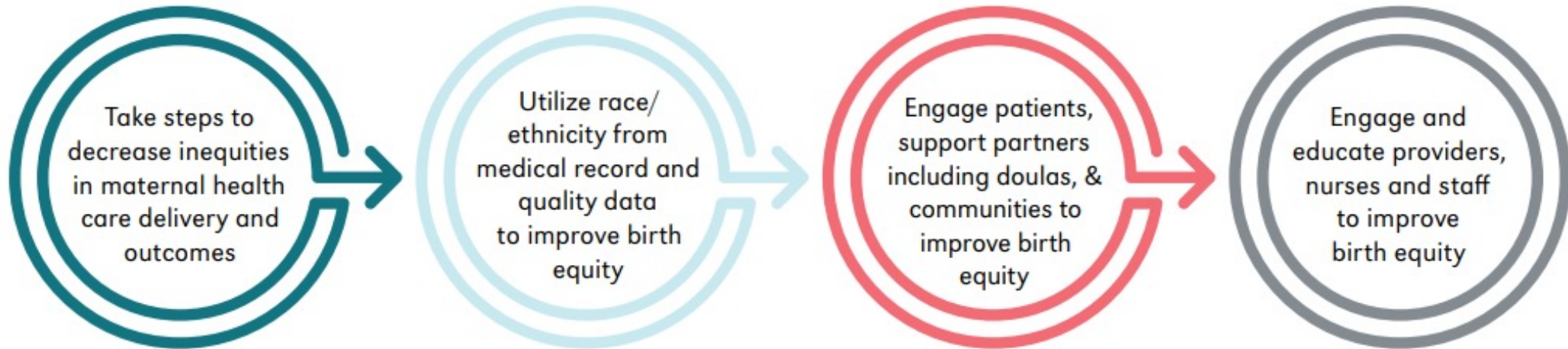
## POLL

- Has your team gotten all providers, nurses, and staff to sign off the Respectful Care commitments?
- Has your team developed a process for introducing the Respectful Care commitments with patients upon admission?
- Has your team identified which staff members will introduce the PREM survey before discharge?

# Implementing a Comprehensive Implicit Bias Training for Provider and Nurse Education

# Key Drivers

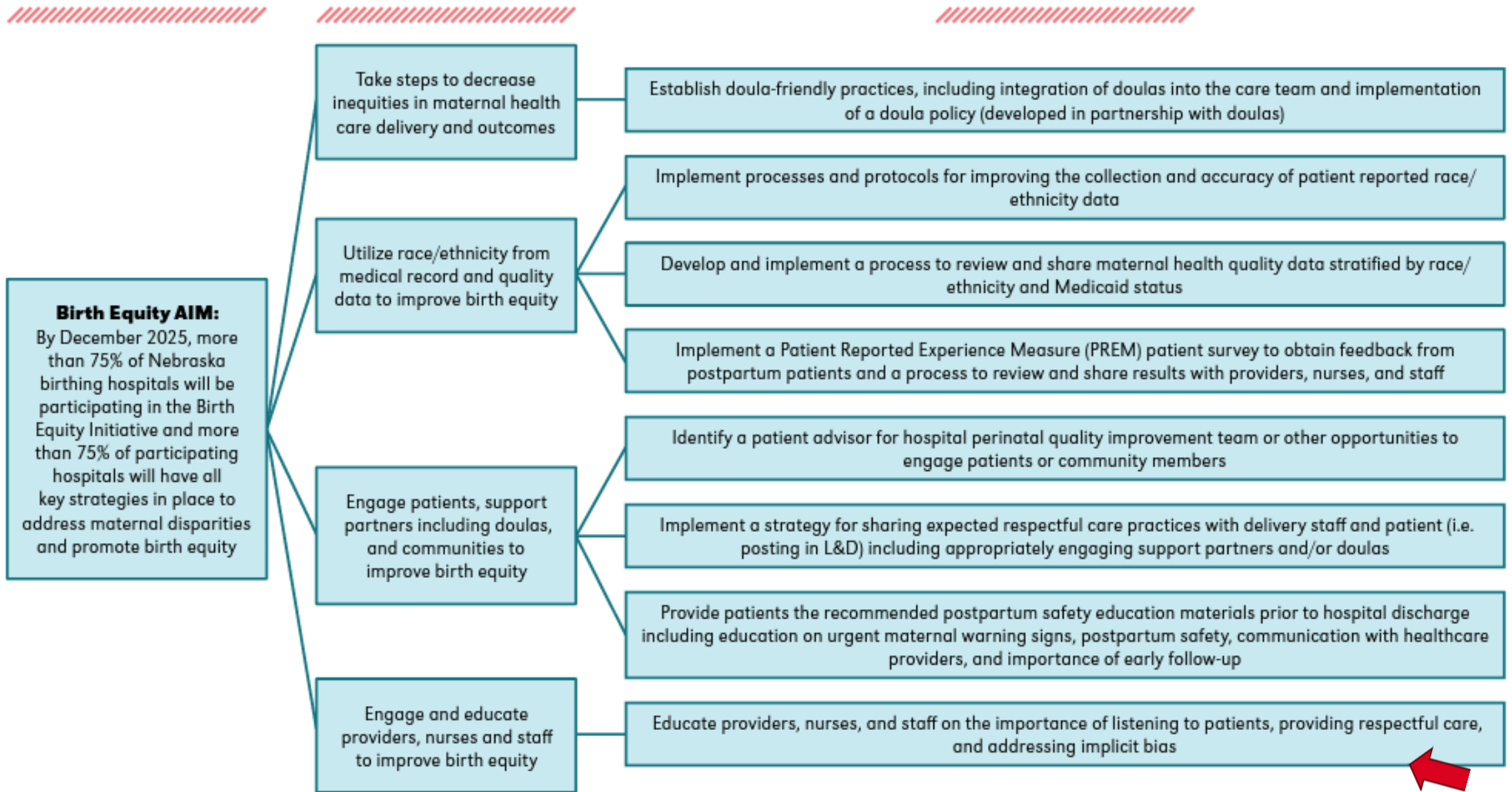
## Key Drivers to Promote Birth Equity



## AIM

## DRIVERS

## STRATEGIES





# How to get started??

- Use a **tiered approach**, considering options for training clinical teams
  - E-modules
  - Film screenings
  - Additional opportunities to reflect, promote awareness & discussion
- Consider how to best engage providers/staff
  - Can use Grand Rounds, provider meetings, etc
  - Talk with hospital DEI teams to discuss training plan
- Frequency
  - As QI change agents, we are committed to lifelong learning



## Our Respectful Care Commitments for Every Patient

- 1 **Treating you with dignity and respect** throughout your hospital stay
- 2 **Introducing ourselves and our role** on your care team to you and your support persons upon entering the room
- 3 **Learning your goals for delivery and postpartum:** What is important to you for labor and birth? What are your concerns regarding your birth experience? How can we best support you?
- 4 **Working to understand you,** your background, your home life, and your health history so we can make sure you receive the care you need during your birth and recovery
- 5 **Communicating effectively** across your health care team to ensure the best care for you
- 6 **Partnering with you for all decisions** so that you can make choices that are right for you
- 7 **Practicing "active listening"** – to ensure that you, and your support persons are heard
- 8 **Valuing personal boundaries and respecting your dignity and modesty at all times,** including asking your permission before entering a room or touching you
- 9 **Recognizing your prior experiences with healthcare may affect how you feel during your birth,** we will strive at all times to provide safe, equitable and respectful care
- 10 **Making sure you are discharged after delivery with an understanding of postpartum warning signs,** where to call with concerns, and with postpartum follow-up care visits arranged
- 11 **Ensuring you are discharged with the skills, support and resources** to care for yourself and your baby
- 12 **Protecting your privacy** and keeping your medical information confidential
- 13 **Being ready to hear any concerns** or ways that we can improve your care

*As a provider, nurse, or staff member caring for pregnant and postpartum patients on this unit, I have reviewed and commit to these respectful care practices with every patient.*

\_\_\_\_\_  
Signature

Date

Respectful Care  
Commitments Sign-off sheet  
for staff:  
Remember, implicit bias  
training will help care teams  
fulfill these commitments.



**Supporting respectful care for all patients:**  
The Nebraska Perinatal Quality Improvement Collaborative (NPQIC) works with patients, physicians, midwives, nurses, hospitals, and community groups to reduce maternal disparities and promote birth equity by ensuring all patients receive safe, high-quality compassionate, and respectful care.



# Tiered Approach for Birth Equity Implicit Bias Training

Provided by NPQIC	Additional Trainings
1. Diversity Science: Dignity in Pregnancy and Childbirth Course Training Free e-module trainings available for all staff Website to track staff completion	1. Office of Minority Health: Think Cultural Health Free e-modules available for all staff
2. Perinatal Quality Improvement SPEAKUp Training Two, 4-hour live zoom training sessions in early 2025 open to 2 staff per hospital	2. ACOG Free e-modules tailored to providers
	3. Film Screenings Aftershock, Laboring with Hope

# Diversity Science Dignity in Childbirth Training

- A 3-module training program for perinatal providers that focuses on implicit bias and reproductive justice
- Resources for leaders & clinicians to promote health equity in their clinical practice/organization
- NPQIC has identified this as one of the free and scalable maternal health focused equity and bias e-module trainings currently available
- Education content available: 3 core e-modules with additional optional e-Learning modules for BIPOC providers
  - Module 1: Laying the Groundwork
  - Module 2: Racism not Race
  - Module 3: Taking Action



# Accessing the Diversity Science Training



## Dignity in Pregnancy and Childbirth Course

Implicit bias and reproductive justice training for perinatal providers. Aligned to CA SB464 training requirements.

register today at [equalperinatalcare.diversityscience.org](http://equalperinatalcare.diversityscience.org)



- NPQIC has partnered with Diversity Science to provide simplified online access to the *Dignity in Pregnancy and Childbirth online e-module training*
- Free access to 3-module program for perinatal providers, nurses, staff
- Additional resources for leaders, trainers, and change agents!
- Webpage coming soon!!



# Implementation Strategies

1. Access training via website provided by NPQIC (coming soon)
2. Provide instructions for hospital staff members to access NPQIC Diversity Science trainings directly as individuals
3. Schedule time to facilitate discussions after staff have completed the e-modules



# PQI SPEAKUp Training

- Two, 4-hour virtual training sessions available to 2 QI leaders per hospital
- Live antiracism training for health professionals
- Private event for Nebraska birthing hospitals only
- Dates in early 2025
- More info coming soon!



# From our Birth Equity Toolkit on the NPQIC website

- [Diversity Science: Dignity in Pregnancy and Childbirth: Preventing Racial Bias in Perinatal Care \(Free\)](#)
- [Office of Minority Health \(US DHHS\): Culturally and Linguistically Appropriate Services \(CLAS\) in Maternal Health \(Free\)](#)
- [March of Dimes: Awareness to Action: Dismantling Bias in Maternal and Infant Healthcare](#)
- [AWHONN: Respectful Maternity Care Implementation Toolkit](#)
- [ACOG: Respectful Care e-Modules \(Free\)](#)



Guest Speaker: Michelle van Ryn,  
PhD, MPH



Guest Speaker: Alex Dworak, MD



# QI Data Corner

# Birth Equity Process & Outcome Measures

## Process Measures

% of patients responding to the PREM survey (Data provided by NPQIC)

% of providers, nurses, and staff completing education on the importance of listening to patients, providing respectful care and addressing implicit bias



## Outcome Measures

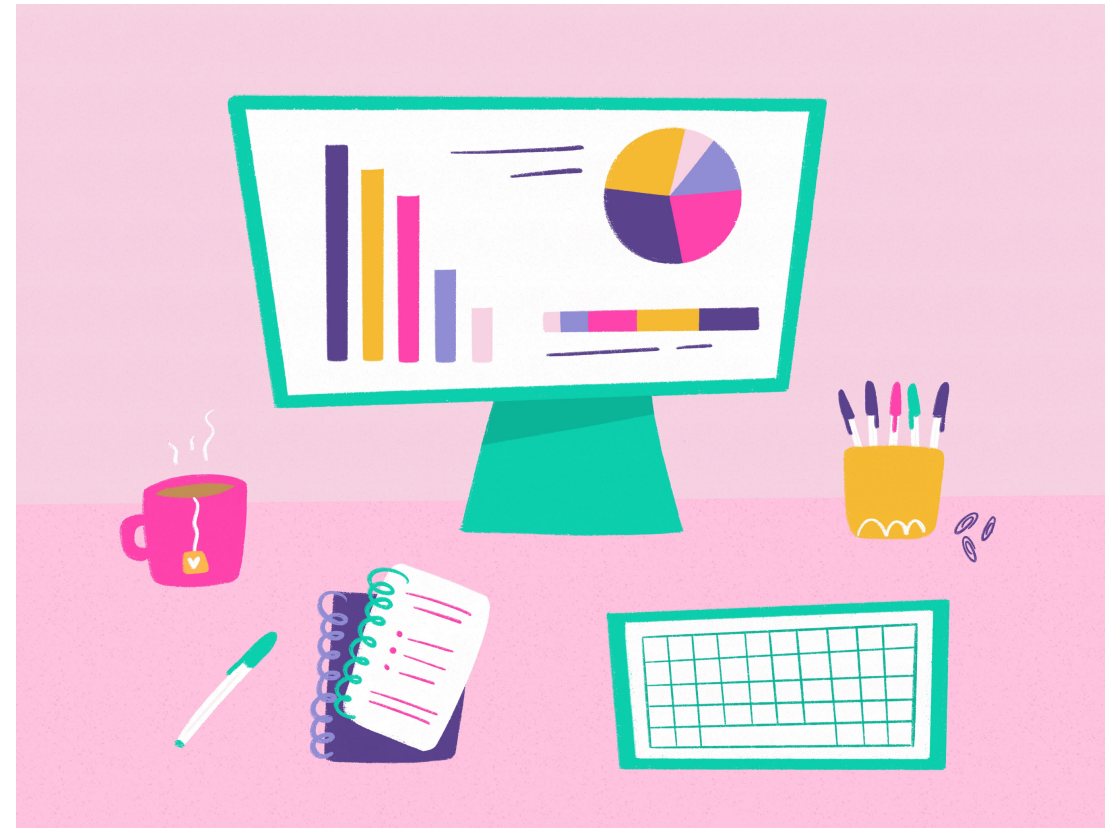
% of sample patient charts with self-reported race/ethnicity documented

% of patients completing PREM survey who reported always or often feeling heard on PREM- data provided by NPQIC

% of sample patient charts with documentation of receiving education on urgent maternal warning signs/ postpartum safety and tools to improve communication between patients and their healthcare providers prior to delivery discharge

# Dashboard launching soon!

- Next month, we will unveil it and demonstrate the features
- Data visualizations for monthly data as well as PREM results
- See your own hospital's data and compare to aggregate
- Use reports to drive QI and build buy-in/momentum internally



# BE Team Spotlight: Nebraska Medicine




# Team Talk

# Team Talk

- PREM Handout- Spanish translation is now available!
- Idea sharing: laminate the PREM Handout and reuse
  - save on printing costs
  - encourage patients to complete before they leave
- Questions for peer teams??



# BE Next Steps

Preparation	Getting Started	Early Implementation	Throughout Year 1	Year 2
Meet with colleagues to establish buy-in and determine co-leads	Schedule regular meetings with team to review data and PDSAs and make improvements	Work with IT and data team to make system changes	Establish stakeholder group including doulas and patients	Continue reviewing PDSAs
Complete participation agreement	Attend the data call	Collect baseline data (Jan, Feb, March 2024)	Implement strategy for sharing REC practices in L&D 	Continue reviewing PREM data
Complete Readiness Survey (Microsoft Forms)	Attend Kickoff Call	Create a draft 30-60-90 day plan	Implement doula-friendly policies	Continue reviewing equity data
Review your hospital's data and identify opportunities for improvement	Review Data Collection Form with your team; identify needed systems changes in order to collect equity variables	Plan first PDSA cycle to address 30-60-90 day plan	Standardize system for sharing urgent maternal warning signs	Additional equity trainings for providers (film screening, modules, etc)
	Review Birth Equity Toolkit	Schedule kickoff meeting/grand rounds	Implement implicit bias training 	Continue meeting with provider/ doula/patient group
		Create plan for implicit bias training	Implement PREM survey and regularly review PREM data 	

# The Birth Equity Initiative

*Working together to reduce maternal disparities, promote equity, and help all mothers and babies thrive*



## The Problem

Significant racial disparities in health outcomes exist for pregnant and postpartum patients in Nebraska and the nation.



Nationwide, maternal mortality rates have climbed rapidly over the last 5 years, with Non-Hispanic Black mothers experiencing an excessively high burden of mortality. Nebraska is no exception to these alarming rates and inequities in the burden of excess deaths.



More than 80% of pregnancy-related deaths are preventable.<sup>2</sup> Native Hawaiian and Pacific Islander, Black, and American Indian and Alaska Native women experience the highest rates of pregnancy-related death.

Figure 1. Maternal mortality rates, by race and Hispanic origin: United States, 2018 - 2021



Statistically significant increase from previous year ( $p < 0.05$ ).  
NOTE: Race groups are single race.  
SOURCE: National Center for Health Statistics, National Vital Statistics System, Mortality.

## Many Women Report Mistreatment During Pregnancy and Delivery

Moms Deserve Respectful and Equitable Maternity Care

Respectful maternity care:

- Maintains dignity, privacy, and confidentiality,
- Ensures freedom from harm and mistreatment, and
- Allows for shared decision-making and continuous support during labor and childbirth.<sup>2</sup>



**1 in 5**

About 20% of women reported mistreatment while receiving maternity care.



**1 in 3**

About 30% of Black, Hispanic, and multiracial women reported mistreatment.



**45%**

Almost half of women held back from asking questions or sharing concerns during their maternity care.

## Patient-Centered Approach Improves Obstetric Care for Women of Color

To reduce inequities in reproductive health care for Black women

## Making Change Happen

The Nebraska Perinatal Quality Improvement Collaborative (NPQIC) worked with patients, physicians, midwives, nurses,

How are you announcing your hospital's commitment to this initiative?

- Grand Rounds?
- Press Release or news article?
- Brown Bag?

Don't forget our Fact Sheet is available to share widely.



# Birth Equity Timeline- Next 3 months

March	April	May
<p><b>Monthly Webinar: Implementing a comprehensive implicit bias training for provider/nurse education</b> March 19, 12-1pm</p> <p>Office Hours March 15, 12-1pm</p> <p>March Data due by April 15</p> <p>Schedule April coaching calls with NPQIC</p>	<p><b>Monthly Webinar: Engaging Patient &amp; Community Partners</b> April 16, 12-1pm</p> <p>Office Hours April 19, 12-1pm</p> <p>April Data due by May 15</p>	<p><b>Monthly Webinar: Integrating Doulas Into the Care Team</b> May 21, 12-1pm</p> <p>Office Hours May 17, 12-1pm</p> <p>May Data Due by June 15</p> <p>Schedule June Coaching Calls</p>

# BY NEXT TUESDAY

- Drop in the chat or say out loud one thing your team is committed to accomplishing by next Tuesday.
- Ideas:
  - Create process flow for PREM
  - Acquire staff sign-off for Respectful Care Practices
  - Draft a press release
  - Schedule Grand Rounds
  - Engage patient/doula partners
  - Get your data entries up to date
  - PDSA

# How are we doing??

*Our turn for a PDSA!*

- Please take a few minutes to complete this survey before the April webinar.
- Help us understand what we're doing well and what we can improve to support your Birth Equity implementation.



[Click here: Birth Equity 6 Month Evaluation](#)