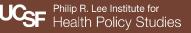# MEND

Recommendations for Impactful Implicit Bias Training:
Insights from Perinatal Clinicians & Black Mothers in the SF Bay Area
A planning guide for healthcare facilities based on findings from the MEND Study, UC San Francisco, 11/23/2023

To improve care and clinical outcomes for Black women and birthing people, California passed Senate Bill 464, the "California Dignity in Pregnancy and Childbirth Act" (SB464, 2019). One requirement of SB464 is that hospitals and alternative birthing centers provide implicit bias training (IBT) to perinatal clinicians. Implicit biases are unconscious prejudices, attitudes, and stereotypes individuals may have about certain people or groups. IBT tries to reduce these biases.

SB464 represents an historic opportunity to reduce bias in maternity care, but it is unknown whether IBT will affect these outcomes or what approaches may maximize its impact. The MEND study engaged key stakeholders—the Black women and birthing people whom SB464 was designed to benefit and the perinatal clinicians who will engage in IBT—to understand the challenges and recommendations for designing and implementing impactful clinician IBT.

STUDY

MEND was a San Francisco Bay Area-based research study that was guided by community collaborators and interdisciplinary researchers at UC San Francisco and UC Law, San Francisco. The study included:

- Focus groups and surveys with **20 Black women who had a recent hospital birth**. Most had Medicaid insurance coverage; found it "somewhat" or "very hard" to pay for basic needs; and delivered in a safety-net or managed care setting in 2020-2021. All identified as Black women.
- In-depth interviews and surveys with **20 multidisciplinary perinatal clinicians** who worked in community or safety-net hospitals. These clinicians were nurse midwives (6), physicians (6), registered nurses (5), or other staff (3). They self-identified as Black (4), multiracial (4), or white (12) women; two identified as Latinx or Hispanic.

THE FINDINGS

Patients & clinicians had concerns about whether clinician implicit bias training could produce better care and clinical outcomes. They identified challenges related to SB464, IBT content and format, healthcare facilities, and the clinician learners. However, they supported IBT's use and identified ways to maximize its ability to improve care and outcomes for Black women and birthing people, in particular. Patient and clinician insights overlapped substantially except for in the following areas: Patients focused more on state policy change (e.g., funding, intensity of training) and on the importance of accountability/enforcement in state policy and within health systems. Clinicians focused more on facility-based considerations such as IBT logistics, IBT format, selection of IBT trainers, and clinic culture.

You can find an open-access article with full findings in the peer-reviewed journal Health Equity:
https://www.liebertpub.com/doi/10.1089/heq.2023.0126

Qualities of the Training

- Enhance the richness and nuance of training content (e.g., adding the history of racism in US medicine) and include connections to the facility/community (e.g., disparities data about the facility's patients, real patient stories of biased care)

- Make the training relatable and credible to providers (e.g., identify how IBT can help providers, their unit, and their patients)

- Employ an interactive training format to facilitate engagement, discussion, and dialogue among colleagues

  o Use interactive training as a complement to or instead of self-administered online modules

- Apply IBT lessons to practical challenges; foster applied antibias/antiracism skills-building

  o Example approaches include experiential or immersive learning opportunities.

- Offer training more frequently than every 2 years (SB464's requirement)

Provider and Clinician Learners

- Engage training seriously and with an open mind

- Recognize one's own biases

- Participate in supplemental training for complaints of biased behavior

Training Implementation

- Select compelling, respected, and appropriate trainers to implement IBT

- Ease logistics and competing responsibilities to facilitate focused participation (e.g., provide protected/funded time for training)

- Foster a safe and supportive environment in the training; build trust; consider small-group formats.

- Employ a data-driven approach to training e.g., via collecting data pre/post to understand what is and is not working; integrating provider feedback to improve training.

  o If using the Implicit Association Test (IAT), engage expert guidance.

Actions and Leadership at Healthcare Facilities

- Modify clinic culture and interpersonal dynamics to facilitate spaces for discussion and growth, including fostering friendships across clinical roles

- Show leadership commitment to IBT (e.g., via communications around its value; protecting time for training) and enhance its legitimacy (e.g., via selection of respected trainers; buy-in across departments)

- Create opportunities for ongoing complementary antibias learning via reminders and integration of antibias lessons into other activities

- Implement complementary interventions (e.g., healthcare workforce diversification).

- Implement state-level recommendations (below) that are also relevant at the facility level (e.g., expanding the types of workers who participate in IBT)

Support Enhancements to State Policy

- Expanding scope, intensity, and funding of IBT

- Mandating IBT for entire maternity healthcare workforce

- Creating clear and effective enforcement mechanisms

- Creating accountability for improved patient care and outcomes

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