

AcademyHealth Annual Research Meeting 2022 - Poster Abstract

Challenges & opportunities for clinician implicit bias training: Insights from perinatal care stakeholders

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Research Objective:

California's 2019 Senate Bill 464 (SB464) requires that hospitals and alternative birthing centers provide implicit bias training (IBT) to perinatal clinicians. Lawmakers designed SB464 with the goal of improving clinical outcomes for Black women and birthing people, but it is unknown whether IBT will affect these outcomes nor what approaches may maximize its impact. We sought the insights of key stakeholders— Black women and birthing people, perinatal clinicians—to understand key challenges and opportunities for effective clinician IBT.

Study Design:

We conducted a mixed-methods observational community-based participatory research study in partnership with a community advisory panel and interdisciplinary researchers. We employed focus groups, in-depth interviews, rapid qualitative analysis, and multiple techniques to promote rigor and validity, including overviewing SB464 for all research participants.

Population Studied:

San Francisco Bay Area-based (a) individuals who identified as Black or African American and had a recent hospital birth and (b) hospital-based perinatal clinicians.

Principal Findings:

Most focus group participants ("patients"; n = 20) 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. Interviewees ("clinicians"; n = 20) 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.

Patient and clinician insights overlapped substantially. Regarding observed or expected challenges to the implementation and effectiveness of IBT:

1. Training-level challenges included SB464's requirements (inadequate frequency, enforcement, reach), and content or format that is rarely interactive or tailored to local context. Many participants expressed that IBT would not improve maternal health outcomes without concurrent interventions to the healthcare system (e.g., greater racial/ethnic workforce diversity).
2. Clinician-level challenges included inadequate motivation/commitment (e.g., that those "who need it the most" may not take the training seriously), and the difficulty of changing deep-seated biases and clinical practice.
3. Health facility- and system-level challenges included training implementation (time constraints; burnout; inadequate accountability and application of training to

practice) and interactional dynamics (e.g., unit culture that discourages conversation about bias or colleague feedback).

Participant recommendations to increase the effectiveness of IBT included:

1. Enhancing training content (e.g., hospital-specific disparities data; real patient stories about biased care) and format (interactive; opportunities for reflection/dialogue; applied skills-building).
2. Enhancing health facility-level implementation (e.g., protected/funded time for training; tracking and accountability for biased clinical care; opportunities to review and apply training lessons; changing unit culture to facilitate difficult discussions and personal growth).
3. Expanding scope and strength of antiracism health policy by, e.g., enforcing SB464 training requirements; extending requirements to all healthcare workers who interact with pregnant/birthing people; and providing funding for more interactive and intensive training.

Conclusions:

Perinatal stakeholders identified numerous challenges to IBT improving care and clinical outcomes for Black women and birthing people. Recommendations spanned training content and format; implementation processes; and antiracism system-level change.

Implications for Policy or Practice:

Stakeholder-identified challenges and opportunities represent crucial insights for the development and implementation of health equity interventions. Lawmakers and health system leaders should leverage these insights in implementation and policy decision-making.