

## New York State Implicit Bias Taskforce

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## What is Bias?

- Why is it so critical in healthcare?

## National Academy of Medicine Report 2005

- Poverty in which black people disproportionately live cannot account for the fact that black people are sicker and have shorter life spans than their white complements
- Racial and ethnic minorities receive lower-quality health care than white people

## How do we account for disparity?

- Explicit vs Implicit Bias

## Explicit Bias

- Attitudes and beliefs we have about a person or group on a conscious level
  - Often the result of a perceived threat
  - Behavior conducted with intent
- Can be addressed as we are made aware of them
- Bias being natural is not an excuse to engage in bias-driven action.

## Implicit Bias

- Unconsciously held set of associations about a group
- Attribution of particular qualities to all individuals from that group
- Product of learned associations and social conditioning

## Bias and Well Meaning People

- Health care practitioners generally expect themselves to be unaffected
  - Social or demographic characteristics
- Healthcare practitioners have a difficult time accepting that they harbor
  - Prejudicial attitudes
  - Would do anything negative towards another person
- So why do we do it?

## Why We are Biased

- Brain Hardwiring
  - Reflective System
    - Motivation and effort are required to engage this part of the brain
    - Controlled processing
    - Time based content processing
  - Reflexive system
    - Unconscious, implicit
    - Little effort
    - Rapid processing
- Example
  - Cognitive-conscious value—"fair treatment for all"
  - Unconscious system---"protect self from harm"

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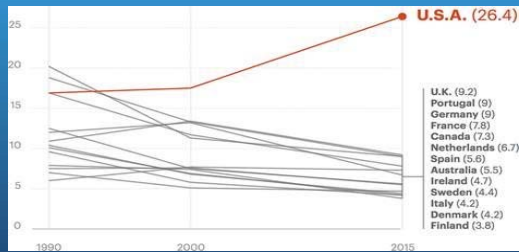
## Neuroscience of Bias

- Our brains can rapidly differentiate between “like-us” vs “not like us”
- “like-us”
  - Dorsomedial prefrontal cortex activated
  - Treated better
- “not-like us” implicit stereotyping
  - Ventromedial prefrontal cortex activated
  - Differential treatment
  - Mirror neurons (involved in enabling us to have insight into others or empathy) not activated
  - Magnitude of the response may trigger the amygdala (milliseconds)
    - Subcortical structure, part of limbic system
    - “fight or flight” response
      - Response long before we mentally process thoughts and actions based on the more reasoned part of your brain
  - This component of implicit bias is more difficult to address

## Reducing implicit bias, raising quality of care

- Black women are 3-4 times more likely to die of a pregnancy-related death
  - ½ of deaths are preventable (SMI-NYS experience)
- Implicit bias may negatively affect Black patients’ medical care
  - one study found that white medical students who held racial biases rated black patients pain less than that of white patients
- NPR Report of Patient stories (200 stories)
  - many Black mothers recounted feeling devalued and disrespected by medical providers.
- The [Preventing Maternal Deaths Act](#), signed in 2018, funds states to create committees to examine maternal mortality and morbidity rates.

## Maternal Mortality Rates



## NYS Key Indicators

- In 2016, New York State (NYS) was ranked 30th in the nation for its maternal mortality rate, with clear racial disparities.
- The number of reported maternal mortalities in NYS increased over time from 15.4 deaths per 100,000 live births in 2001-2003 to 19.6 deaths per 100,000 live births in 2014-2016. The United States (U.S.) rate more than doubled during this time.
- In 2012-2014, 66% of prenatal related deaths in NYS involved a cesarean section, which increases the likelihood of complications like any other surgery.
- In a review of maternal deaths in NYS between 2012-2014, the top five causes of pregnancy-related deaths were embolism (24%), hemorrhage (16%), infection (16%), cardiomyopathy (12%) and hypertensive disorders (7%). Sixty-five percent of the pregnancy-related deaths occurred within a week of the end of pregnancy.
- The top five causes of pregnancy-associated, but not related deaths in the 2012-2014 maternal mortality review cohort were substance abuse (30%), motor vehicle accidents (22%), suicide (17%), homicide (15%) and cancer (14%).

## New York State Taskforce on Maternal Mortality and Disparate Racial Outcomes

- Recommendations to the Governor to reduce maternal mortality and racial disparities
  - March 2019

## Top Taskforce Recommendations

- Establish a state-wide maternal mortality review board
  - In statute
- Design and Implement a comprehensive training and education program for hospitals on implicit racial bias
- Establish a comprehensive data warehouse on perinatal outcomes to improve quality
- Provide equitable reimbursement to midwives
- Expand and enhance community health worker services
- Create a SUNY scholarship program for midwives to address needed diversity
  - -14% women of color in the profession in NYS
- Provide competency-based curricula for providers (MD and RN)
- Loan-forgiveness program for providers underrepresented in medicine and intend to practice women's health care services
- Convene statewide expert work group to optimize post partum care
- Promote universal birth preparedness and postpartum continuity of care

# Questions?

