Mitigating Bias in Reproductive Health Conversations

Michelle Quiogue, MD, FAAFP

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Dr. Quiogue is an AAFP Health Equity Fellow and former president of the California Academy of Family Physicians. She earned both her bachelor’s degree in medical anthropology and her medical degree from Brown University in Providence, Rhode Island. Upon fulfillment of her service obligation as a National Health Service Corps (NHSC) Scholar, she joined Kaiser Permanente Kern County Medical Center, Bakersfield, California, where she has championed culturally responsive care programs and physician wellness. In addition to being on faculty at Kaiser Permanente School of Medicine, she serves on the Equity, Inclusion and Diversity Advisory Committee.
Learning Objectives

1. Describe the effects of implicit bias in conversations about reproductive health, contraception and family planning.

2. Identify situations where personal implicit biases may influence patient-doctor relationships, diagnostic differentials, and preventive health services.

3. Apply specific bias mitigation techniques that can be used to create an inclusive clinical environment.


Audience Engagement System

Step 1

Step 2

Step 3
Self Awareness

• Understand
• Decide
• Take Action

Definitions

• Reproductive justice
• Nonbinary, cisgender and transgender
• Transmasculine, transgender man, assigned female at birth (AFAB)
• Mistrust vs distrust
• Implicit bias vs explicit bias
Who’s symptoms are psychosomatic?

The Pill in Puerto Rico story

https://www.pbs.org/wgbh/amERICANexperience/features/pill-puerto-rico-pill-trials
Reproductive Justice

- Who’s children become available for adoption?
- How does infertility impact men’s lives?
- Who’s fertility is worth preserving?
- Who decides when a person has enough children?
[FACT SHEET]  
June 2015

Including People with Disabilities in Reproductive Health Programs and Services

<table>
<thead>
<tr>
<th>TABLE 1. REPRODUCTIVE HEALTH PROGRAMS OFFERED BY LDHS¹</th>
<th>Program offered by health department</th>
<th>Program inclusive of people with disabilities</th>
</tr>
</thead>
<tbody>
<tr>
<td>Information planning services</td>
<td>48%</td>
<td>26%</td>
</tr>
<tr>
<td>Violence prevention</td>
<td>28%</td>
<td>25%</td>
</tr>
<tr>
<td>Education about mammograms</td>
<td>51%</td>
<td>21%</td>
</tr>
<tr>
<td>HIV/STD screening services</td>
<td>64%</td>
<td>20%</td>
</tr>
<tr>
<td>Education about pap smear</td>
<td>54%</td>
<td>20%</td>
</tr>
<tr>
<td>Teen pregnancy prevention</td>
<td>57%</td>
<td>18%</td>
</tr>
<tr>
<td>N=139</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Resources
The following resources contain more information on how to include people with disabilities in public health programming:

- Strategies for Successfully Including People with Disabilities in Health Department Programs, Plans, and Services (http://eweb.naccho.org/prd/7na598pdf)
- Directory of Community-Based Organizations Serving People with Disabilities (http://eweb.naccho.org/prd/7na597pdf)
- National Assessment of Knowledge, Awareness, and Inclusion of People with Disabilities in Local Health Departments' Public Health Practices (http://eweb.naccho.org/prd/7na481pdf)

Poll Question #1

Birth control is contraindicated in transmasculine people while on testosterone

A. True
B. False
Current ACOG recommendations for transmasculine persons

- All forms of contraception should be offered same as cisfemale persons
- Fertility preservation prior to starting transgender hormone therapy should be offered
- Transmasculine persons have achieved pregnancy while on testosterone
- There are no contraindications to concomitant use of estrogen or progesterone with testosterone
- Testosterone is not a form of birth control
An LGB Baby Boom?

- 41% of lesbians wish to have children (Gates, 2007)
- Random sample of households in 15 major US cities (Kaiser Family Foundation, 2001):
  - 8% of LGB were parents or legal guardians of a child under age 18
  - Among those who were not yet parents, half (49%) expressed desire to parent in the future

Parenting Options

- Children from previous heterosexual relationships
- Conceived through alternative insemination or surrogacy
- Adoption or foster parenting
- Blended families- step-parenting
- Extended networks of family/friends
Resources for Patients/Families Organizations and Web Sites

- Parents, Family and Friends of Lesbians and Gays (PFLAG): http://www.pflag.org
- Family Acceptance Project: http://familyproject.sfsu.edu/

Parenting Resources

- Alternative Families: http://www.alternativefamilies.org/
- The Organization of Parents though Surrogacy: http://www.alternativefamilies.org/
- Rainbow Families: http://www.familyequality.org/rainbowfamilies/
- Fenway Community Health Alternative Insemination Program: http://fenwayhealth.org
Poll Question #2

What percent of pregnancies in the U.S. are unintended?

A. 11%
B. 22%
C. 34%
D. 45%

References: https://www.cdc.gov/reproductivehealth/contraception/unintendedpregnancy/index.htm
NARGES FARAH, MD, and ADAM ZOLOTOR, MD, DrPH, Am Fam Physician. 2013 Oct 15;88(8):499-506

Truly Shared Decision Making

- Many patients currently feel they can’t participate in shared decision making
- Power imbalances in the clinical encounter are a key barrier even when patients have the required knowledge
- Patients need to know that disagreement won’t damage your relationship or impact their care
- The implicit attitudes of both patients and clinicians need to change to enable shared decision making
Self Awareness

• Understand
• Decide
• Take Action

Check for blind spots

• Watch the AAMC Unconscious Bias module

• Take a few of the Harvard Implicit Association Tests

• Read Neuroleadership Institute SEEDS article
Poll Question #3

Patient requests birth control pills during her post partum visit. You grant her request even though she had an unintended pregnancy while on BCPs last year.

This is an example of which type of implicit bias?
A. Similarity
B. Expedience
C. Experience
D. Distance
E. Safety

Similarity Bias = Inaccurate

- People like me make better life choices
- People like me know how many kids we can handle
- They have different family values than me
- They probably don’t need any more pregnancies/kids
Expedience Bias = Missed opportunity

- There is never enough time
- It takes too long to explain the risks, benefits and instructions for fertility preservation
- They want what they want
- Reviewing all of the options is a waste of time

Experience Bias = Not patient centered

- I don’t counsel patients about some options because I haven’t been trained
- Efficacy is the most important feature for all
- I don’t offer same day start for LARC options because I haven’t been trained
- You are not having side effects because I have not seen

*WE KNEW THAT ALREADY! SEEMS LIKE WE DIDN’T NEED TO DO THE RESEARCH AFTER ALL***
Distance Bias = Disparities

- We haven’t gotten pregnant so we don’t need birth control
- Institutional barriers to switching methods when a patient is dissatisfied
- Only give information about methods that patients explicitly mention
- Neglect to give anticipatory guidance about teratogenic medications, fertility, missed doses, irregular menses, etc.

Safety Bias = Uninformed choices

- Less controversy to avoid mention of all available options for unintended pregnancy
- Safer not to screen for intimate partner violence or coercion
- Higher discontinuation rates when patients report feeling pressured
- Disproportionate level of concern for side effects & risks over potential benefits
The Triggers of Bias:
- Similarity trigger: Differences between evaluator and employee
- Expedience trigger: Deciding quickly
- Experience trigger: An absence of other points of view
- Distance trigger: Remote people, projects, and outcomes
- Safety trigger: Threat of potential loss

Self Awareness
- Understand
- Decide
- Take Action
SCARF Neuroleadership Model

- **Status**: Relative importance to others
- **Certainty**: Ability to predict outcomes and consequences
- **Autonomy**: Sense of control over my choices
- **Relatedness**: Sense of acceptance of who I am
- **Fairness**: Treatment without discrimination or favoritism

Communicate Respect

- Thank patients for waiting; acknowledge respect for their time
- Address new patients more formally at first
- Listen to concerns without interruption
- Regard patient as expert about their experiences, values and preferences
Partner Discussion

Which of the following SCARF model strategies is demonstrated?

<table>
<thead>
<tr>
<th>SCARF Model</th>
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Communicate Safety

- Warn patients prior to asking invasive or potentially upsetting questions
- Ask permission before initiating touch
- Explain what you are doing
- Use caring, sensitive language
- Assure patients that any information they share will be kept confidential
Partner Discussion
Which SCARF model strategy does this demonstrate?

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Communicate Kinship

- Make note of unique stories or reminders
- Discover common experiences, membership, community or interests
- Fill in knowledge gaps with facts instead of inferences and assumptions
- Establish shared treatment goals
Partner Discussion

Which SCARF model strategy does this demonstrate?

Breaking the habit

• Sentinel work by P. Devine, et al. in Madison, WI
• Premise that cognitive biases are habits that can be reduced through a combination of awareness of implicit bias, concern about the effects of that bias, and teaching of strategies to reduce bias
• Multi-faceted bias mitigation curriculum will produce behavior change by promoting the use of strategies to inhibit automatic responses
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<th>Mindfulness</th>
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<td><strong>Background</strong></td>
<td>Cognitive shortcuts are used inappropriately more often when we feel pressured. By engaging in mindful, deliberate processing our implicit biases are prevented from kicking in and influencing our behaviors. (A. Harris, et al, 2007) (Y. Kang et al., 2004)</td>
</tr>
</tbody>
</table>
| **Activity** | 1. Before an interaction with a member of a stigmatized group, take a few moments to a practice mindfulness technique  
2. Intentionally and deliberately process your observations  
3. Rely less on instinct |
### Strategy

**Stereotype response & replacement**

### Background

This strategy involves replacing stereotypical interpretations for non-stereotypical ones. Practice this exercise before or after an interaction with someone from a stereotyped group or when observing media stereotypes (Monteith, 1993).

### Activity

1. Familiarize yourself with prevalent stereotypes
2. Label an attribute as based on a stereotype
3. Reflect on why the characteristics of a group were attributed to an individual
4. Consider how the stereotype could be avoided in the future
<table>
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<th>Positive Exemplar</th>
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<td><strong>Background</strong></td>
<td>One way to learn more about building an inclusive and equitable climate is to talk with role models and seek experiences outside your comfort zone.</td>
</tr>
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</table>
| **Activity** | 1. Plan to attend AAFP NCCL  
2. Develop meaningful connections with leaders who seem to come from different world views  
3. Seek opportunities to engage in positive face-to-face interactions with people in real life  
4. Read novels, watch documentaries, and listen to podcasts created by artists of marginalized groups |
### Counterstereotype imaging

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<td><strong>Background</strong></td>
<td>This strategy makes positive exemplars cognitively salient and accessible when challenging a stereotype’s validity (Blair et al., 2001)</td>
</tr>
</tbody>
</table>
| **Activity** | 1. Find images of members a stereotyped group which counter negative attributes and reflect complex authentic diversity  
2. Imagine vividly detailed images: can be abstract (e.g., friendly Black people), celebrity (e.g., Oprah Winfrey), or non-famous (e.g., your child’s teacher)  
3. View AAFP videos of us family doctors on the Facebook page |
### Perspective taking

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<th><strong>Perspective taking</strong></th>
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<td><strong>Background</strong></td>
<td>This strategy involves taking the perspective <strong>in the first person</strong> of a member of a stereotyped group. Perspective taking increases psychological closeness to the stigmatized group, which ameliorates automatic group-based evaluations (Galinsky &amp; Moskowitz, 2000).</td>
</tr>
</tbody>
</table>
| **Activity** | 1. Ask questions to show you’re listening "What are some examples?" "Can you be a little more specific?"
2. If you sense a there is a lack of engagement, pause and ask, "What are you thinking or feeling right now?"
3. Elicit the patient’s goals
4. Aim to accept each other as we really are |

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**Make necessary accommodations**

- Hold programs in **accessible** facilities provide educational materials in Braille, large print, audio, etc.
- **Educate staff** about providing reproductive health programs to people with disabilities
- Engage people with disabilities in **program planning**.
Strategy | Individualization
---|---
**Background** | This strategy relies on obtaining specific information about group members (Brewer, 1988; Fiske & Neuberg, 1990). Using this strategy helps people evaluate members of the target group based on unique personal attributes, rather than group-based.

**Activity** | 1. Document unique stories or reminders in each patient’s chart
2. Find shared experiences, membership, community and interests
3. Fill in knowledge gaps with facts instead of inferences and assumptions
4. Relate individual’s uniqueness as additive to the diversity of the group (rather than as an exception that proves the rule)

Our patients
“Would you like to have a child in the next year?”
Yes, no, ok either way, not sure
Non-judgmental
Frames perspective from what they desire
Feasible within a 15-minute primary care visit
Improves patient communication
Increases appropriate care (e.g. Rx for PNV, Emergency Contraception or Birth Control method)

OHSU Family Medicine
Richmond Clinic

- 6-week pilot conducted in 2011 (N=154).
- None of the providers thought the clinic slowed or patient flow was significantly disrupted.
- The majority (77%) of providers thought communication with their patients improved because of this initiative
- 95% of providers reported they would recommend One Key Question®
- Women screened using One Key Question® compared to those that were not screened.
  - 3.5 times more likely to receive a prenatal vitamin prescription (p=.011),
  - 4.8 times more likely to receive an emergency contraception prescription (p=.003)
  - 2.07 times more likely to receive any reproductive health prescription (p=.003)
Poll Question #4

How likely are you to ask One Key Question within the next week?

A. I never need to ask this question in my practice
B. I need more information before I will start asking this question
C. I will definitely ask this question in the next week
D. I have already been asking this question in my practice

Self Awareness

- Understand
- Decide
- Take Action
8 Bias Mitigation Strategies

<table>
<thead>
<tr>
<th>SEEDS/SCARF Model</th>
<th>Break the stereotype habit</th>
</tr>
</thead>
<tbody>
<tr>
<td>Communicate Respect</td>
<td>Mindfulness</td>
</tr>
<tr>
<td>Communicate Safety</td>
<td>Response &amp; replace</td>
</tr>
<tr>
<td>Communicate Kinship</td>
<td>Counterstereotype imaging</td>
</tr>
<tr>
<td></td>
<td>Perspective taking</td>
</tr>
<tr>
<td></td>
<td>Individualization</td>
</tr>
</tbody>
</table>
Practice Recommendation

- Ask all people of reproductive age: “Would you like to have a child this year?”
- Check your blind spots
- Break the habit with practice

Practice Recommendation

- A proactive perspective towards mitigating implicit bias will lead to
  - informed, accurate decisions
  - productive, healing relationships
  - more equitable health outcomes
Thank you!

Questions