



# **ADDRESSING RACIAL BIAS IN PAIN MANAGEMENT OF LABORING PATIENTS**

**June 22, 2023**

Chayla Robles-Taylor, RN  
Karen Garcia, DO, IBCLC  
Richard Szwaja



# Financial Disclosure

- None of our Speakers today have any financial disclosures associated with the presentation.



# Dr. Karen Garcia

- Dr. Garcia is practicing as a Newborn Hospitalist for the Bronson System at both Bronson Methodist Hospital in Kalamazoo and Bronson Battle Creek Hospital.
  - She is a board-certified pediatrician through both the American Board of Pediatrics and the American Board of Osteopathic Pediatricians. She is also a board-certified lactation consultant through the International Board of Lactation Examiners.
- Dr. Garcia also serves as co-lead for Region 8 of SWMPQIC.
- Dr. Garcia is also owner and lead physician for Garcia Consulting and Lactation Services, PLLC. She will be providing at-location Breastfeeding Medicine consultation services in Calhoun County and working closely with Milk Like Mine and will be part of leadership for the Calhoun County Milk Like Mine Baby Café.
- Dr. Garcia is also a recently trained Racial Healing Circle facilitator with Truth, Racial Healing and Transformation (TRHT).



# Chayla Robles-Taylor, RN

Chayla is the Clinical Database Coordinator for Bronson Healthcare Group's Patient Safety and Quality.

Chayla's professional life is fueled by her belief that every person have access to high-quality, equitable and comprehensive health care across the lifespan that works cooperatively and freely to help each individual recognize their highest potential.

Chayla's roles in the hospital have ranged from bedside obstetric care, to nursing leadership and management, performance improvement, database coordination and quality and equity strategy development.

Chayla supports her home community by serving on local and statewide collaboratives, coaching youth soccer and co-leading a hometown non-profit. She rounds out her time with her partner of 20+ years and two daughters eating ice cream, enjoying the outdoors and gallivanting with their two Labradors.



# Richard Szwaja

Richard Szwaja is an Organization Development and Learning Specialist in the Center for Learning at Bronson.

His primary role is supporting leaders and teams to foster a culture of care that supports optimal patient and employment outcomes.

His background is in organizational culture and holistic well-being.

He is actively engaged in several Health Equity initiatives with the teams he supports.

Richard is also a recently trained Racial Healing Circle facilitator with Truth, Racial Healing and Transformation (TRHT).



# Disclosure

- We will be connecting both Story and Data
  - The importance of Both
  - Acknowledging the reality of addressing pain management in Black Birthing Persons and our presenting team does not have that lived experience

# System Equity Journey Highlights

## 2015-2016

- Expanded definition of health
- **Created Language Services Department**
- **Deep dive review into REaL inputs and reporting**
- Expanded AAP analysis categories

## 2018

- **Combined Community Health and Equity & Inclusion departments**
- **Board approved signing AHA Equity of Care Pledge**
- Introduced Equity lens "initiative" to all leaders
- 4 Key Collaborative departments began intercultural development

## 2020-2021

- **CHNA Implementation Plan used as an input to new strategic plan**
- **Created Geospatial mapping infrastructure to monitor vaccination distribution**
- Began BHG & BHF intercultural development
- Began SOGI data collection & pilots

- **Equity added to Quality and Community Health into Mission**
- Formed Equity & Inclusion department
- **Executive Team began intercultural development**
- Implemented CyraCom video remote interpreting system-wide

## 2017

- **Created Bronson Equity Framework from AHA Pledge**
- **Began stratifying patient satisfaction data by REaL**
- **Created Health Equity of Care PI Committee**
- Board approved Healthcare Equality Index participation - SOGI work formalized
- Completed 2019 CHNA data collection and analysis through equity/SDoH framework

## 2019



# Bronson Equity Framework

Together, create an environment, mindset, policies and interventions that empowers people to have full and equal access to opportunities to lead healthy lives



## Governance & Leadership

Goal: Increase the diversity of leadership and governance to support, assist, and advocate for employees, patients, and families

- Implement policies, practices and tools that explicitly address inequities
- Create a current and future mix of candidates that are reflective of the communities we serve



## Social Demographic Data

Goal: Increase the collection, reporting and analysis of social demographic data to prioritize and determine interventions

- Systematically collect social demographics data including race, ethnicity, language (REaL), sexual orientation and gender identity (SOGI) and social determinants of health (SDoH)
- Use social demographic data and research to assess, identify, and prioritize opportunities to reduce inequities



## Community Partnership

Goal: Build and strengthen community relationships and partnerships to advance health equity

- Engage in multi-sector collaborations to expand capacity to impact equity outcomes
- Provide health care support and education to advance the health of our communities
- Formalize relationships with community groups for ongoing collaboration



## Intercultural Competency

Goal: Improve our knowledge, skills and attitudes to meet the social, cultural and linguistic needs of our employees, patients and families

- Provide intercultural competency training and educational tools and programs
- Ensure safe, equitable communication and language services for people with limited English proficiency (LEP) and disabilities





# Commitment to Equity

1. Think differently
2. See differently
3. Talk differently
4. Do differently

-Adapted from Dr. Renee Canady



# Exceptional Healthcare *Made Easier* for Every Person



- Support Well-Being
- Build Trusting Relationships
- Respect All People
- Strive for Excellence

## Together, We Advance the Health of our Communities

**Commitment to Equity:** We are committed to putting diversity, equity and inclusion (DEI) into practice to create a culture of belonging in an environment free of prejudice and stereotypes for those we employ and serve.

**Fact: Social, economic, and structural inequities negatively impact health outcomes of families in our communities**



**PROBLEM:** There are racial/ethnic disparities in maternal and infant health outcomes driven, in part, by inequities in health care access (defined by the lack of trust) in health care systems. Bronson commits to engage and build trust with family supports to eliminate racial/ethnic disparities among mothers and babies across our region (Van Buren, Kalamazoo, Calhoun).

**Bronson’s Priority:** Eliminate racial/ethnic disparities in a family’s perinatal experience and clinical outcomes across income levels, measured by: Patient satisfaction and clinical (TBD) scores

1. Establish community engagement & social demographic data infrastructure
2. Improve patients’ connection to community resources (e.g. food supports, perinatal mental health screening)
3. Improve Social Determinants of Health (SDoH) screening collection and referral process for babies and expecting families
4. Expand intercultural development and quality improvement
5. Develop and deliver culturally appropriate birth education and nutrition resources
6. Expand evidence based models (e.g., centering pregnancy, community healthcare workers, strong father programs, and breast feeding initiatives)

**Bronson’s Priority:** Eliminate racial/ethnic disparities in our workforce at every level to support strong families, measured by: Employee satisfaction and diversity data

1. Establish community engagement & social demographic data infrastructure
2. Expand intercultural development and quality improvement
3. Create career pathways to build opportunities for strong families
4. Create internal lattices/opportunities to build wealth for strong families
5. Policies/Governance/Leadership to support the health and well-being of families at work

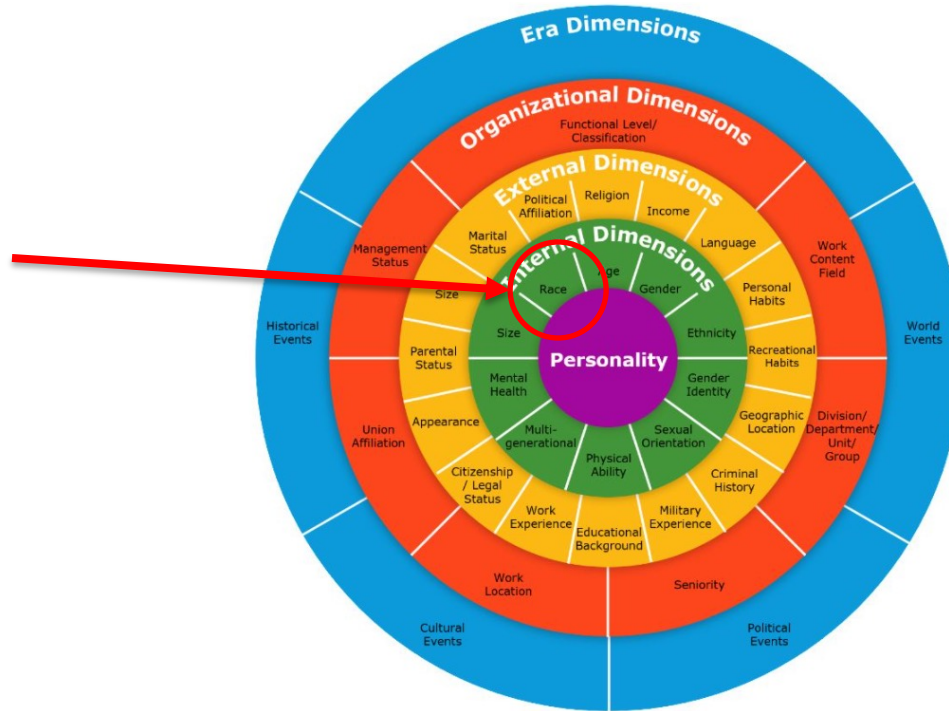
**Long-Term Community Outcome:**  
  
Improve Maternal and Infant Health Outcomes



\*BHG Board Community Health Committee Approved July 2020. Scope of initiatives may shift pending available resources in 2021.



# Dimensions of Culture





# Press Ganey Survey Results

Demographics		
Race	Actual % of pts***	Survey N size (%)
White or Caucasian	71%	83% n=678
Black or African American	17%	6% n=50
Hispanic/ Latino	7%	3% n=25
Asian	2%	4% n=32
Other*	4%	4% n=32

\*Other includes American Indian, Native Hawaiian, Other, Unknown, or Multiracial

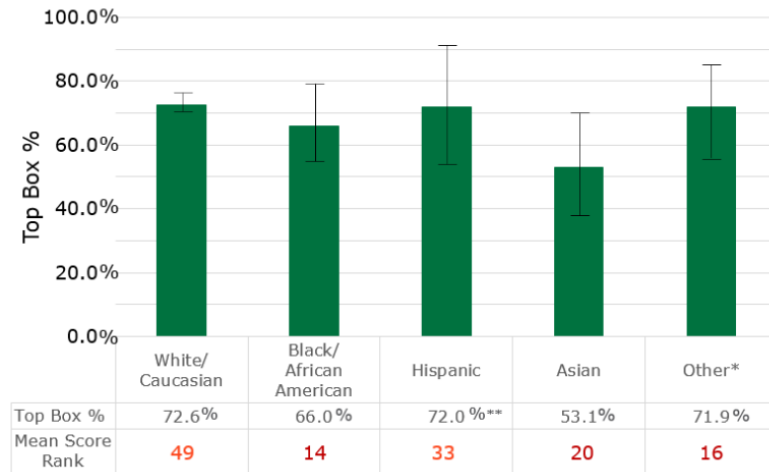
\*\*\*Actual % of pts discharged from BBC Birthplace and BMH Mother Baby Unit from IT Analytics 1/1/2019 – 12/31/2019

## System OB: "How well your pain was controlled"

Peer Group PG DB Top Box % and Rank by Race

By Discharge date Jan 2019 – Jun 2020, as of 8/17/2020

PG National Database w/ Obstetrics Benchmarking (426 clients)



I 95% Confidence Interval

\*Other includes American Indian, Native Hawaiian, Other, Unknown, or Multiracial

\*\*n size less than 30; not a valid data



# Where our issues lie

## System OB: "How well your pain was controlled"

Peer Group Rank by Race

By Discharge date Jan 2019 – Jun 2020, as of 8/17/2020

PG all National Database with Obstetrics Benchmarking (426 clients)

Race	Actual % of patients***	Survey N size (%)	Rank
White or Caucasian	70.7%	678 (83%)	49
Black or African American	16.6%	50 (6%)	14
Hispanic/Latino	6.5%	25** (3%)	33
Asian	2.4%	32 (4%)	20
Other (American Indian, Native Hawaiian, Other, Unknown, or Multiracial)	3.8%	32 (4%)	16

# What We See Nationally

Item	General	1 <sup>st</sup> year	2 <sup>nd</sup> year	3 <sup>rd</sup> year	Residents
Blacks age more slowly than white	23	21	28	12	14
Blacks' nerve endings are less sensitive than whites'	20	8	14	0	4
Black people's blood coagulates more quickly than whites	39	29	17	3	4
Whites have larger brains than blacks	12	2	1	0	0
Whites have a better sense of hearing than blacks	10	3	7	0	0
Blacks' skin is thicker than whites	58	40	42	22	25
Blacks have a more sensitive sense of smell than whites	20	10	18	3	7
Whites have a more efficient respiratory system than blacks	16	8	3	2	4
Black couples are significantly more fertile than white couples	17	10	15	2	7
Blacks are better at detecting movement than whites	18	14	15	5	11
Blacks have stronger immune systems than whites	14	21	15	3	4

Percentage of white participants endorsing beliefs about biological differences between blacks and whites. (Courtesy of PNAS/Hoffman et al)



# The Task

- After the July 2020 Bronson Board meeting, the Quality and Oversight Board Committee charged the Taskforce to uncover and recommend changes to provide more equitable pain management.





# Development of Team

- Initial meeting January 2021
- Representatives from OB, Nursing, Nurse Management, Anesthesiology, Family Medicine and OB Residency from BMH and BBC
- Executive Champions, including our CEO and multiple Executive Vice Presidents



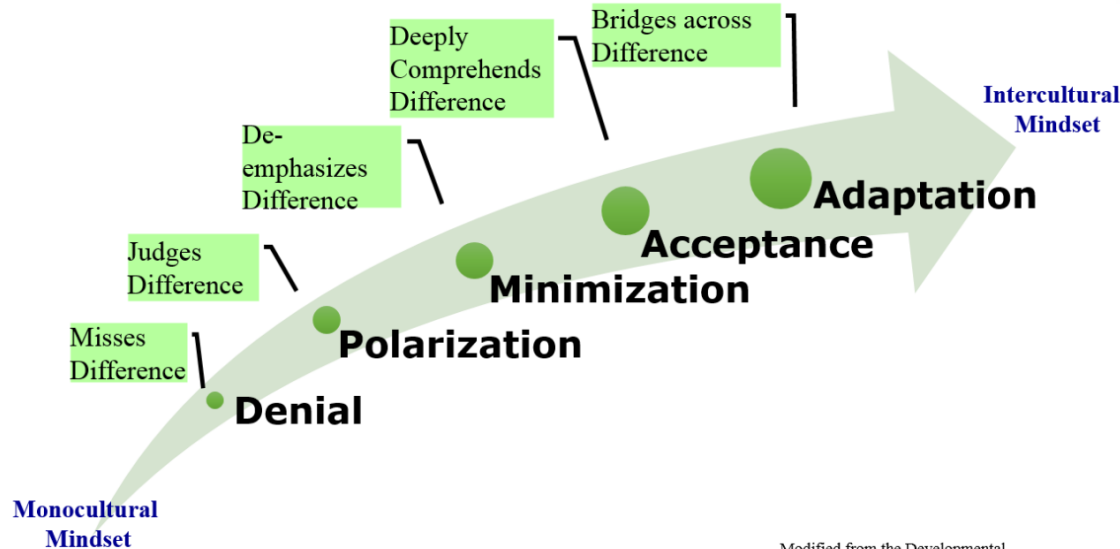
# HARD STOP/Reassessment

- We noticed that responses varied
- People seemed to be speaking in different languages regarding Equity, Racism and even Implicit Bias\*
- We needed to know what work **WE** needed to do as a team to proceed more effectively



# Finding Tools

## Intercultural Development Continuum

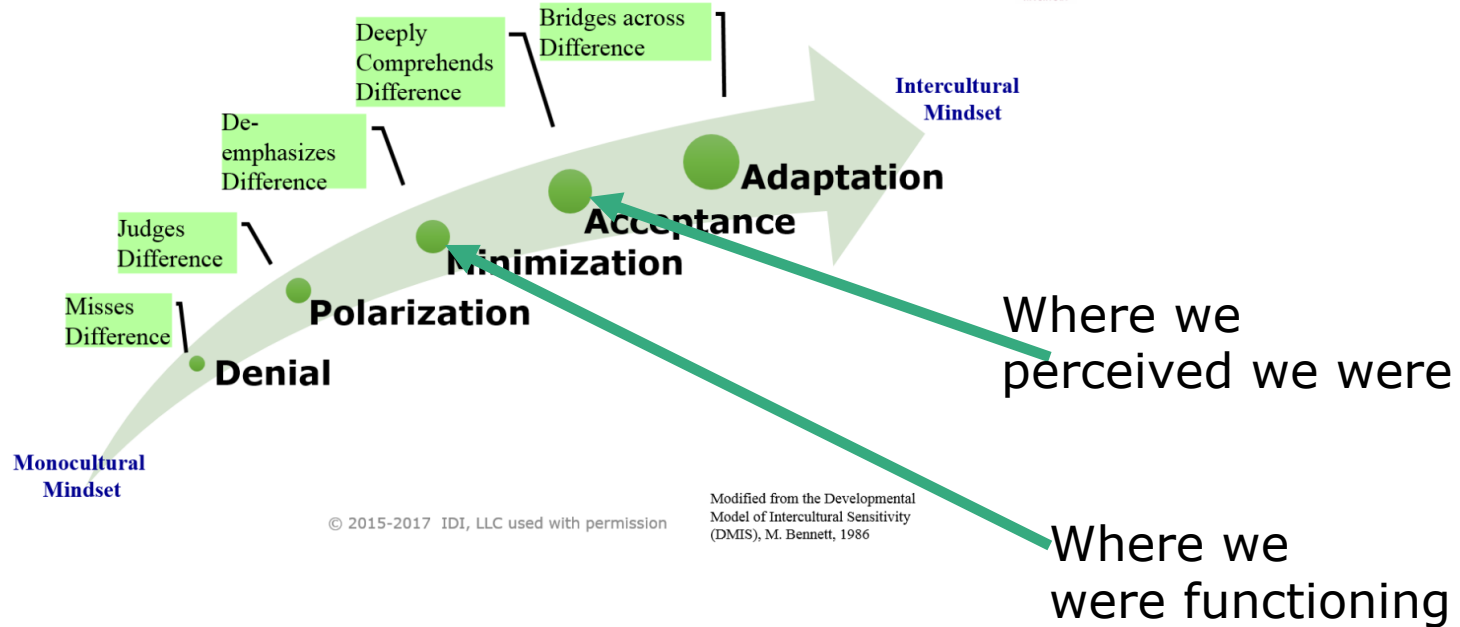


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Modified from the Developmental Model of Intercultural Sensitivity (DMIS), M. Bennett, 1986



# Intercultural Development Continuum

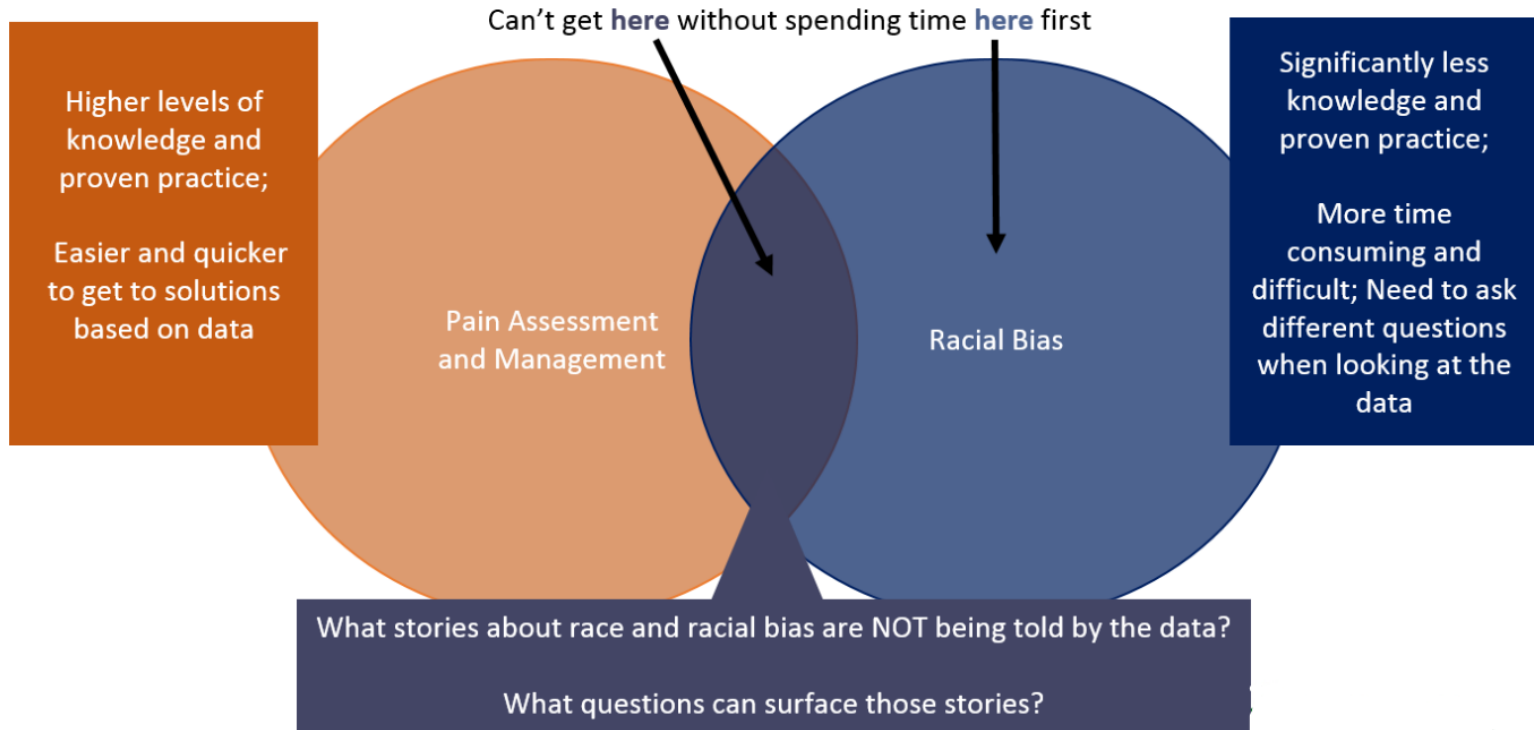


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Modified from the Developmental Model of Intercultural Sensitivity (DMIS), M. Bennett, 1986

## Developmental Orientation: Minimization



- People
  - Focuses on commonalities and sameness
  - Assumes everyone has the same basic needs and values
- Organizations
  - Over-estimates intercultural competency
  - Difficulty recruiting/retaining diverse candidates
  - Relatively unaware of continuing patterns of inequity
  - Diversity feels pressure to conform/assimilate to dominate culture





# The Journey Begins

- Cadence of meetings was reassessed –
  - Increased to 1 hour meetings every 2 weeks
- We alternated between exclusive educational sessions and split meetings beginning with Mini-lessons
  - Feedback from group showed that starting with “mini lessons” allowed for a reset mindset each meeting.
  - This allowed for an equity lens to be in place as we dove into data collection, organizational needs and supporting other changes



# Community Agreements

- **Every voice matters.** Take turns and make time for every person to be heard.
- **Speak your truth.** We all have a different entry point into this conversation. Honor each person's perspective.
- **Engage curiosity.** If you feel judgment, try to get curious about the other's truth and entry point, and your feelings of judgment.
- **No fixing, advising or saving.** When someone else speaks, give them (and you) the gift of fully listening. When they have spoken, thank them and move to the next person.



## Patients and Families

- Feel disrespected & seek care elsewhere or miss appointments
- Worsening relationships with negative outcomes for patients
- Increased risk of lawsuits for providers
- Worse outcomes
- Worse experience, decreased satisfaction
- May chose another place for care
- No trust
- Trust!!!
- Belief in the “good of Bronson”
- Framing their choice of healthcare provider in the positive instead of as a result of their geographic location (i.e. “We are so lucky to live near such a great institution”)
- Improved outcomes and satisfaction

## Peers and Staff

- Think less of us if we are not providing optimal care for each patient
- Lack of awareness leading to continued negative behaviors instead of improving through our example and guidance
- Feel not included, not valued, or less than
- Difficulty with retention
- Employing more staff of color
- Normalization of behavior of patients & families of different backgrounds because our diverse staff has expanded our understanding of “normal”
- Improved access to staff members and peers who speak the native language of our patients
- More understanding amongst ourselves
- Decreased friction
- Less cliques; Feeling more part of a team
- Less Burnout
- Increased excitement for the organization.

## Students and Residents

- Seek employment elsewhere
- Feel like we are stuck in our way of thinking
- Missing important part of education
- Decreased recruitment
- Becoming a diverse institution where more providers of color want to stay and work and live
- Developing high quality students and residents who have the lens of racial inequity built into their learning environment
- Increased reputation for placements with nursing schools and sites for residents and Increased application & retention of BIPOC providers, nurses and staff members
- Normalizing equity work, making them more aware of implicit bias and it's effect on medical treatment and improved quality improvement initiatives.

## Bronson and Community

- People seeing the community as problematic and leaving
- Lack of trust between the hospital and greater community
- Not truly connected
- Not serving those we need to
- Can't reach people
- Worse health
- Building bridges of improvement
- Pride from the community for having such an amazing resource in the community working for the greater good of all
- Better overall health
- Stronger community; Increased capital; City growth
- Improved opportunities



# Active Work

## **Interwove education and training on:**

- Dimensions of Culture
- Historical Segregation (nationally and locally)
- 4 Levels of Racism
- Equity/Racism Terminology\*
- Self-Compassion as part of equity journey
- Power Dynamics:
  - 4 Types of Power (positional, expert, obstructive, collaborative)
  - Historical Context of Power
  - Current Reality of Power
  - Using Power to Eliminate Racial Bias



# Our Realizations

- We can't function in a silo
  - We needed patient voice and the WMed Community Voice Panel proved to be our connection. More representative of our patients.
- Onus cannot be on Employees of Color
  - Retraumatizing
- Incorporation of Education and cultural change while being mindful of existing moral injury
  - We inherited the current medical model



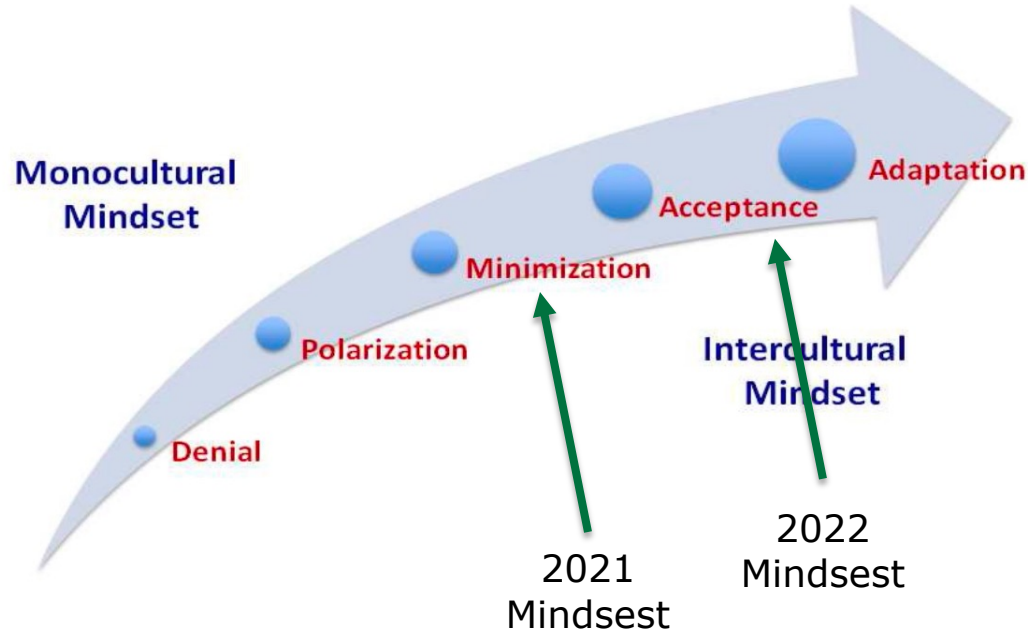
# More Realizations

- Press Ganey may not be the best way to engage patients
  - Visually impaired patients, non-English speaking/reading patients, reading grade level
- Education will not be enough -> relational connection needs to be established
  - Intersectionality between Personal, Interpersonal, Institutional and Structural racism and implicit bias
- Redefining what success and productivity is



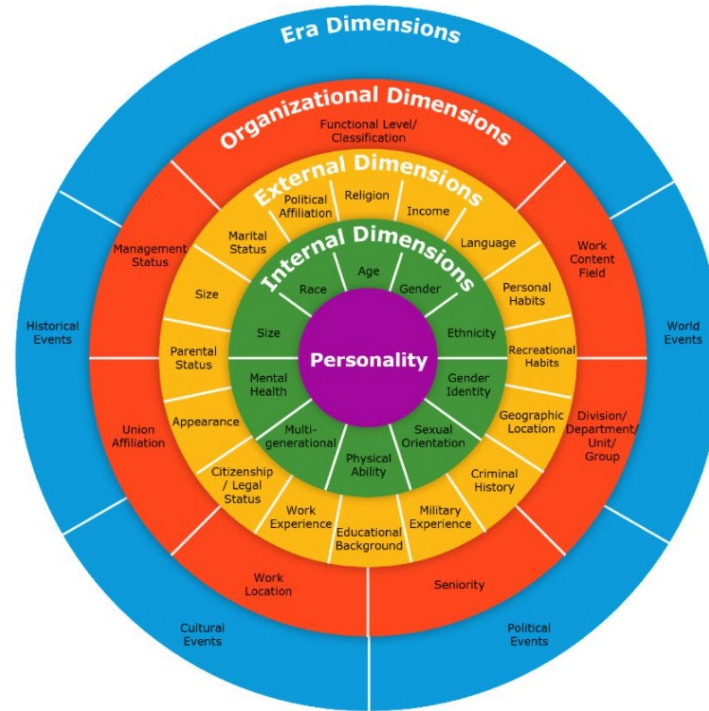
# But did this set-up work?

## Intercultural Development Continuum





# Dimensions of Culture





# Clinical Work Changes

## **Development of Recommendations to address inequities in pain management in black laboring patients:**

- Ensure onus is not on employees of color
- Incorporation of education with cultural change
- Intentional collaboration with community organizations
- Intentionality on how to engage patients
- Redefining success and productivity





# Clinical Work Changes

## **Development of Patient Education Handout**

- Providing patient and families support and education on pain management modalities to support throughout the entirety of the laboring process.



# Black Maternal Health Week

**BMMA**  
BLACK MAMAS MATTER ALLIANCE

APRIL 11-17, 2023

**BLACK  
MATERNAL  
HEALTH WEEK**

Visit [blackmamasmatter.org/bmhw](https://blackmamasmatter.org/bmhw)



# Where are we now as an Organization?

- Presentation to our QOBC June 2022
- Development of Deployment Taskforce
  - Prenatal Group, Triage/Labor/Recover Group, Postpartum Group
- System-wide changes supporting through:
  1. Data collection and collaboration
  2. Clinical Work Changes
  3. Workforce



# Data Collection and Collaboration

## **SOGI Data**

- Legal Name/Chosen Name
- Legal Sex
- Gender Identify
- Sex Assigned at birth



# Data Collection and Collaboration

## **SDoH Data**

- Social Connections
- Tobacco Use
- Depression
- Physical Activity
- Transportation Needs
- Housing Stability
- Alcohol Use
- Financial Resources Strain
- Stress
- Food Insecurities
- Family Care



# QI-TRACS Collaborative

## **QI Tracs data collection on**

- Breastfeeding initiation Rates
- Breastfeeding Exclusivity Rates
- Skin-To-Skin rates
- Rooming-in Rates
- Discharge Support:
  - Instructions on Breastfeeding
  - Discharge Referrals and Follow-ups



# QI-TRACS Collaborative

Breastfeeding Initiation							
	Total	Black	White	Hispanic	AA/PI	AI/AN	Other
21-Aug	80%						
21-Sep	90%						
21-Oct	70%						
21-Nov	90%						
21-Dec	90%						
22-Jan	100%	100%	100%	100%	100%	100%	
22-Feb	70%	50%	75%	100%	100%		
22-Mar	70%	75%	75%	0%	100%		
22-Apr	90%	75%	100%		100%		
22-May	90%		50%				
22-Jun	90%	100%	83%	100%		100%	
22-Jul	80%	75%	75%				100%
22-Aug	80%	50%	100%				100%
22-Sep	90%	75%	100%		100%	100%	
22-Oct	70%	100%	50%		0%		100%
22-Nov	60%	50%	50%		100%	100%	
22-Dec	80%	75%	75%		100%		100%
23-Jan	80%	75%	75%		100%	100%	
23-Feb	90%	75%	100%				100%
23-Mar	80%	50%	100%				100%
Average YTD	81%	73%	81%	75%	89%	100%	100%



## Shared Community Data with Cradle Kalamazoo

- Has helped to shape system changes that directly affect patient care across our regions
  - Monitoring of Infant Mortality
    - Continues to improve, though slowly





# Data Collection and Collaboration

## **SWMPQIC – Region 8**

- Education Classes
  - Breastfeeding and Childbirth Ed
- Training in Equity Building at Community Meetings
- Education on Perinatal Mood and Anxiety
- Dad's Round Table Discussion
- COVID Discussions
- Cradle Kalamazoo collaboration for Immunization drives
- LGBTQIA+ care



# Clinical Work Changes

## QI Trac Collaborative

- Partnering with Milk Like Mine/Bellies Like Mine
  - Development of Baby Café\*
  - Accreditation for Baby Friendly Hospital Initiative
    - New Staff Training
    - "When to train" with traveler or cross covering nurses
  - Collaboration with internal lactation consultants and Bronson Milk Bank
  - Lactation Education Handouts

*\*Changes based on community input\**



# Clinical Work Changes

## **Educational Patient Pieces being updated**

- Better reading level and overall language
- Elimination of gender identifying words



# Clinical Work Changes

- Perinatal Emotional Support Person
  - Started 2022 at BBC
  - Works alongside clinical team and MSW to provide support
- Perinatal Substance Misuse Peer Counselor
  - Grant acquired to start in BBC 2023
  - Calhoun County was 1 out of 10 counties chosen in Michigan



# Clinical Work Changes

- Implicit Bias Training Requirement for ALL providers
  - Organizational Development and Learning modules
- OD&L Trainings on:
  - Shared Decision-Making
  - Trauma-Informed Awareness



# Clinical Work Changes

- Supported development/education of staff through:
  - MPHI Concept to Action Course
  - Perinatal Quality Initiative Speak-Up Champion and Ambassador courses
  - ERACCE Kalamazoo Training Courses
  - Perinatal Support International – PMAD: Components of Care
  - TRHT Racial Healing Practitioner Training



# Takeaways

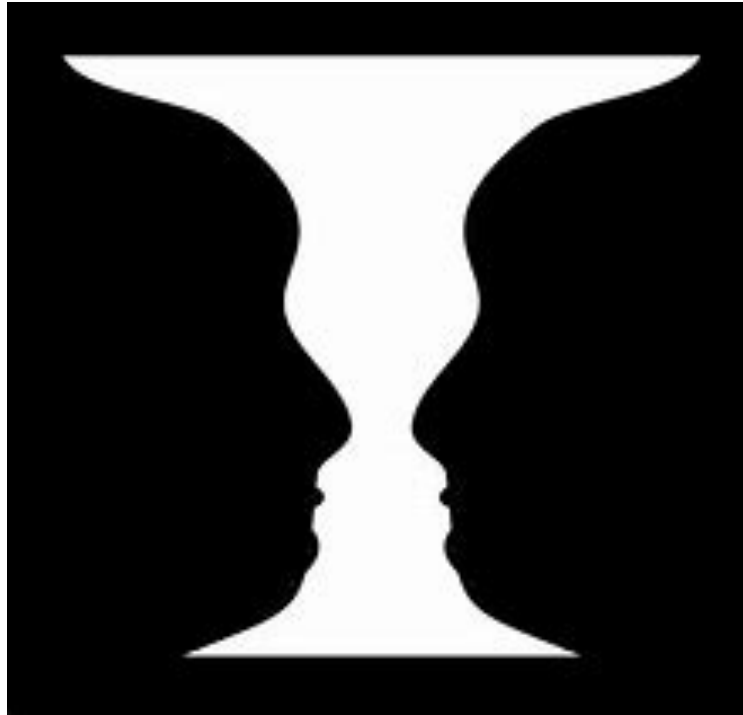
- Buy-in from Executive Level down and from bottom up.
- Breaking-down Silos. Collaboration.
- Recognizing your place on the spectrum of impact. Where are YOU on your cultural mindset to build your team up to address these changes?



**Thank you!**

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*"Perspective is the only thing that can dramatically change the results without changing any of the facts."*

*-Mo Brooks Ignites*