



Bixby Center
for Global
Reproductive
Health



University of California
San Francisco



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June 16, 2020

Practical and Sustainable Steps for Addressing Bias in Contraceptive Care

Beyond the Pill

A program of the
Bixby Center for Global
Reproductive Health at the
University of California,
San Francisco (UCSF)
School of Medicine



beyondthepill.ucsf.edu



Improving Access to Contraception

Beyond the Pill's newly updated and FREE online training "Improving Access to the Full Range of Contraceptive Methods, Including IUDs & Implants" is an excellent primer on IUDs and the implant and discusses how to integrate these methods into your clinic services to help patients access the full range of contraceptive options. The training is designed for all types of health care providers and support staff. This 90-minute course is self-paced and interactive.

Training

[Training Overview](#)

[Virtual](#)

[On-site](#)

[Online \(self-paced\)](#)

Disclosures

- **Guli Fager, MPH** (*she, her, hers*) has no financial relationships to disclose.
- **Nishant Shah, MD, MPH** (*he, him, his*) has the following relationship to disclose:
 - Merck Nexplanon Trainer

Planning committee & disclosures

- **Suzan Goodman, MD, Cynthia Harper, PhD, Connie Folse, MPH CHES, and Nina Pine, MSc, have no financial relationships to disclose.**

We are grateful for contributions and guidance from: **Marsha Gelt, MPH, Daniel Grossman, MD, Michael Policar, MD, MPH, Tina Raine-Bennett, MD MPH, and Joseph Speidel, MD MPH.**

Feel free to chat in your questions as they come to you, and we will address them as we go along.

If you would like to ask your question, please raise your hand and a moderator will unmute you.

Session objectives

- Facilitate a deeper understanding of Implicit Bias and Cultural Humility
- Examine the potential impacts of implicit bias on clinical outcomes related to contraceptive care
- Identify ways to incorporate self-reflection and other strategies into our work to improve clinical care

Guiding Principles

- Patients should receive medically accurate, unbiased, and culturally relevant information about (and access to) the full-range of contraceptive methods.
- Patients have the right to choose any method of birth control (or to choose not to use birth control), *free of persuasion*.
- Patients have the right to prompt LARC removal for any reason, without judgement or resistance from their provider.



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The logo for 'Beyond the Pill' features a series of orange dots of varying sizes arranged in an arc above the text. The word 'Beyond' is in a bold, dark blue font, and 'the Pill' is in a smaller, orange font.

Beyond
the Pill

Reducing Bias in Contraceptive Care

Self-reflection as a tool to help you remain client-centered

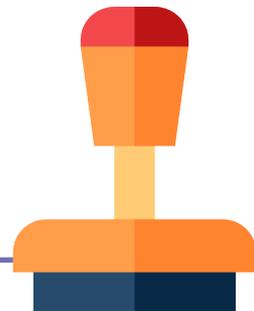


- Have you ever felt frustrated when a patient...

Chose not to use
birth control

Wanted to have
their IUD or implant
removed shortly
after having it
placed?

Relied on
emergency
contraception as
their primary
method of birth
control?



What makes these scenarios challenging?

After you meet with a patient, ask yourself:

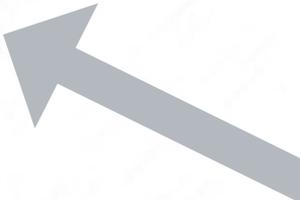
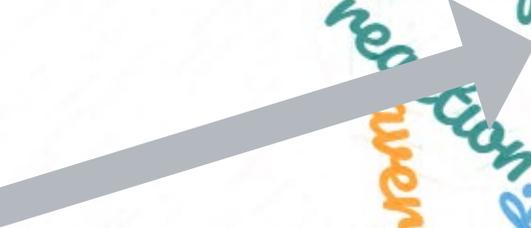
- What assumptions did I make about this person?
- What am I curious about learning more about their particular situation?
- **Did I have a specific method or outcome in mind for this person/situation?**
- If I felt particularly frustrated or pleased with the outcome, why might that be?

Self-reflection as a tool to help you remain client-centered



*Our frustrations
(and our elations!)
can often give us a
window into our own
implicit biases.*

interpret sexuality behavior
unconscious people explain
income preference beliefs
bias
stereotypes
community color value
unintentional
sexual self race
gender implicit group estimate
influence media tend
experience automatic
tendency orientation prejudice
psychology attitude statistic



Characteristics of Implicit Bias:

- Unavoidable
- Do not necessarily align with our declared beliefs
- Tend to favor our own in-group
- Flexible

(Kirwan Institute, 2015)

What groups or individuals does society hold negative cultural stereotypes about related to pregnancy or parenting?

Patient Experiences of Care

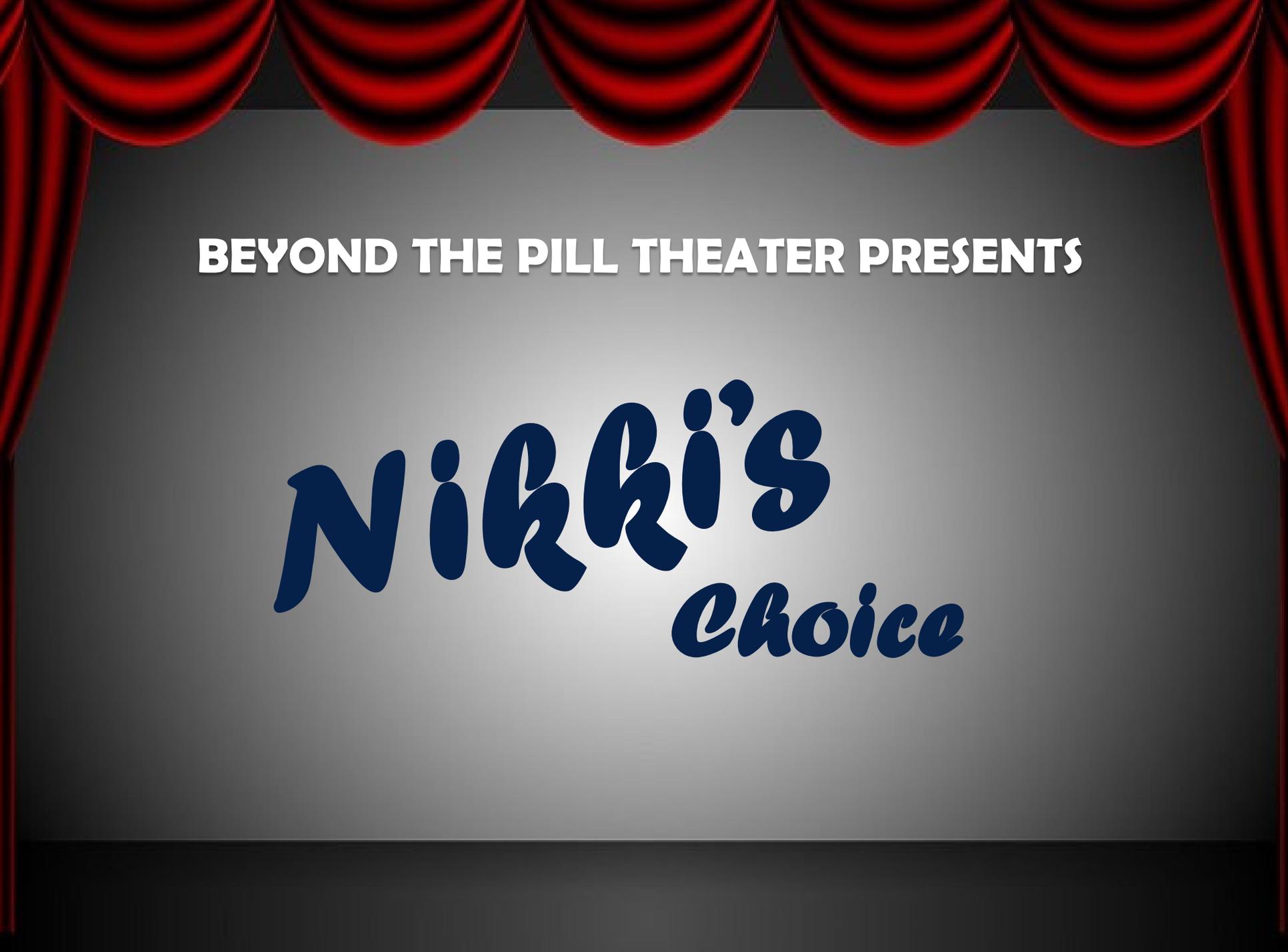
- Compared to middle-class, white women, low-income women and women of color:
 - Rate their family planning visits less positively
 - Perceive more pressure to use contraception
 - Are more likely to be advised to limit their childbearing and family size

Borrero, et. al. 2009; Yee & Simon, 2011; Becker & Tsui, 2008;
Dehlendorf, et al. 2010; Downing, et. al. 2007; Thorburn & Bogart, 2005

How does implicit bias affect health care?

- Organizational policies, structures, and norms
- False beliefs
- Treatment decisions
- Provider-patient interactions

(Hoffman, 2016; IHI, 2017; FitzGerald, 2017)

The image features a background of red theater curtains with a gradient from light to dark. The curtains are drawn back, framing a central area. The text is centered within this area.

BEYOND THE PILL THEATER PRESENTS

**Nikki's
Choice**

Nikki, 17 (*she/her/hers*)

- Nikki had a Liletta IUD placed about 5 months ago right after she had an abortion.
- Nikki has come into the clinic to request removal of her IUD.

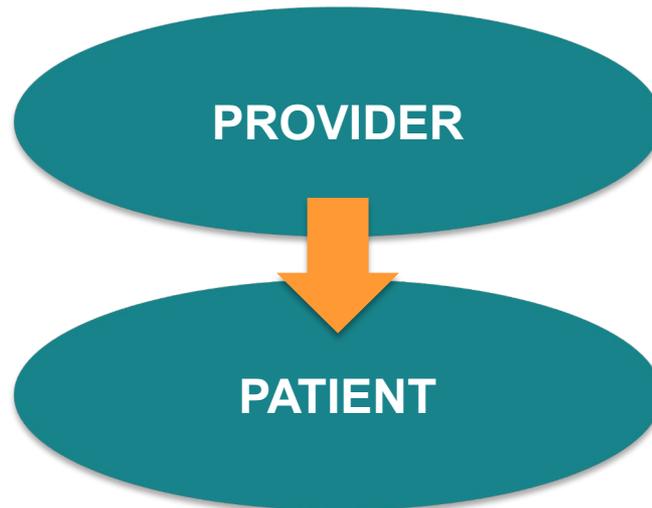
Patient-Centered Quality Measure

- New measure of interpersonal quality in family planning (IQFP) recently validated:
 - Respecting me as a person
 - Letting me say what matters about my method
 - Taking my preferences seriously
 - Giving me enough information to make a decision

Dehlendorf C et al. *Contraception*. 2018

What stood out to you? What was different?

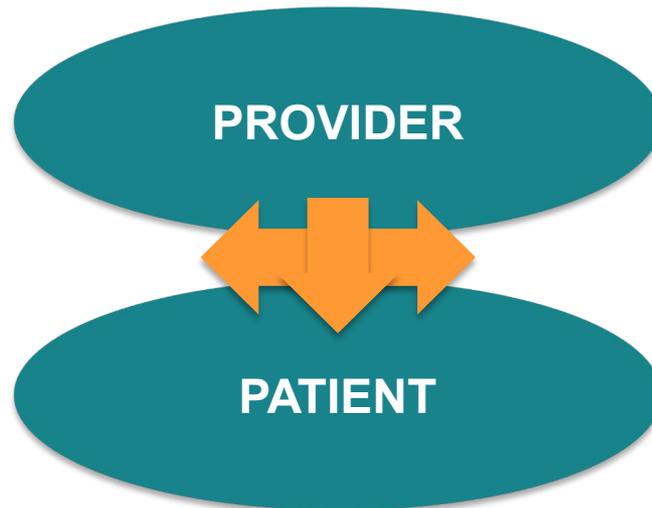
Counseling methods



Provider-driven counseling associated with lower patient satisfaction and method discontinuation.

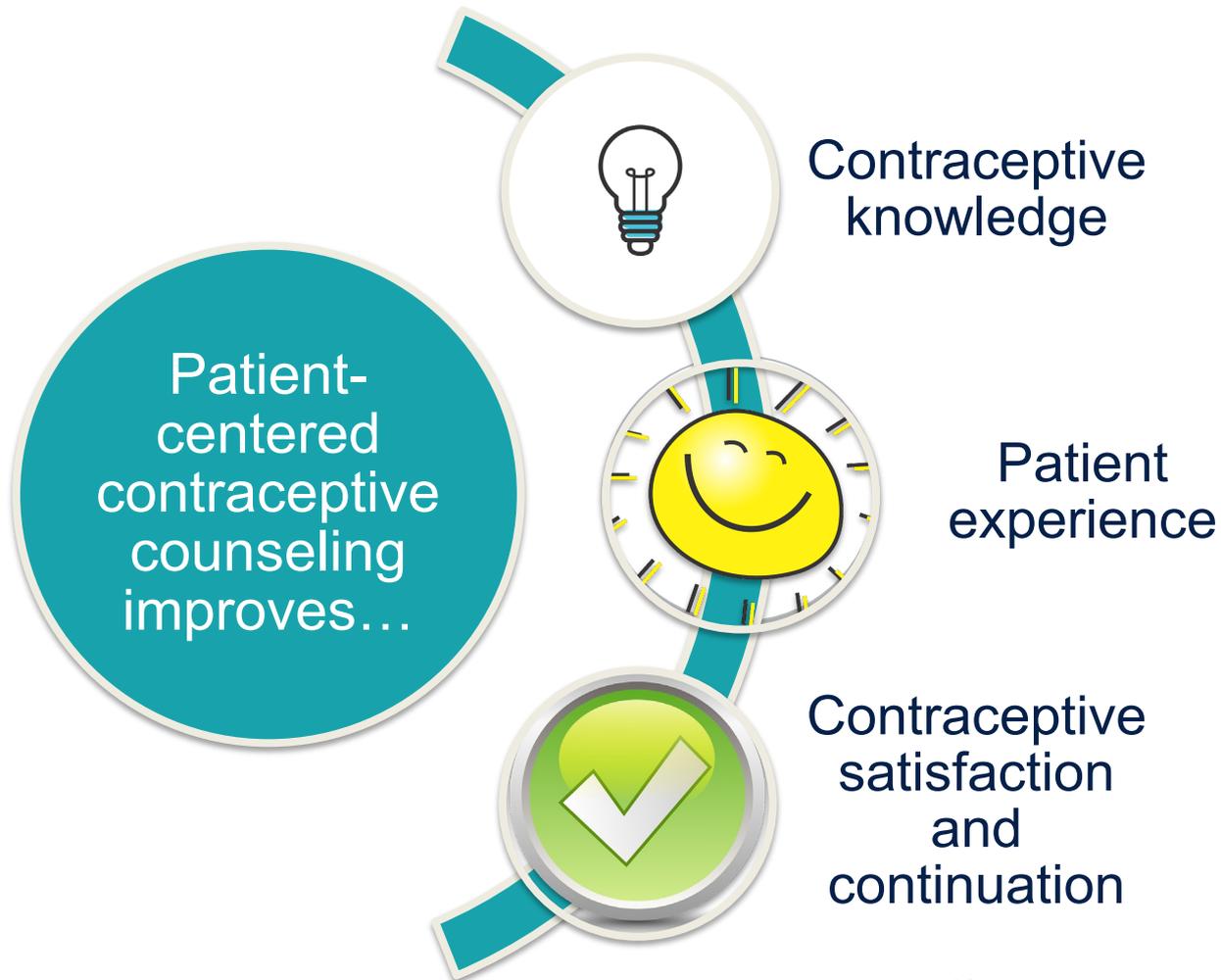
Gomez A et al. *PSRH*. 2014

Counseling methods



Gomez A et al. *PSRH*. 2014

A patient-centered approach



(Chen, 2019; Dehlendorf, 2019; Pazol, 2017; Downey, 2017; Dehlendorf, 2016; Weisman, 2002)

De-biasing Techniques

“The key isn’t to feel guilty about our [implicit] biases—guilt tends toward inaction.

It’s to become consciously aware of them, minimize them to the greatest extent possible, and constantly check in with ourselves to ensure we are acting based on a rational assessment of the situation rather than on stereotypes and prejudice.”

(Franklin, 2014)

Removal

- There is no “preferred” duration of method use.
- Patients often face significant barriers to IUD and implant removal.
- Discuss access to removal during informed consent.
- Patients can have their IUD or implant removed whenever they like, for whatever reason.



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Cultural Humility

Putting concept into practice

Cultural Humility:

1. Lifelong learning and critical self-reflection
2. Recognize and change power imbalances
3. Institutional accountability

(Tervalon, 1998)



Cultural humility is a *process*, not a status.

I would prefer to have a
monthly period.

I would prefer *not* to have
a monthly period.

*(If you don't have a uterus, imagine what you think your
preference would be!)*

Bleeding Pattern Changes



“The implant sounds like a good option, but I’m worried about the unpredictable bleeding.”

How might you respond to this concern?

What are some possible reasons for her concern?

  *Claim your line by stamping in the box! Then write your response.*

Cultural Humility and Bleeding Changes

For some, monthly uterine bleeding may be:

- a cleansing ritual
- an indicator of fertility
- a time when they can abstain from sex

Bleeding may impact:

- work, social activities, and other aspects of daily life
- sex
- budget
- safety
- feelings of gender dysphoria
- participation in cultural or religious ceremonies

Best Practices for Providers

- Get to know your patient
- Listen more than you speak
- Remember that birth control is not the only issue
- Honor people as the experts of their own lives
- Leave the door open
- Reflect on your own identity, practices, and biases.

(McGee-Avila, 2018; Dehlendorf, 2016)

Implicit (Unconscious) Bias

Ongoing self-reflection is critical to uncovering and working against our own unconscious biases.

<https://implicit.harvard.edu>

Becker & Tsui. *PSRH*. 2008

Chapman et al. *JGIM*. 2013

Yee & Simon. *Journal of Health Care for the Poor and Underserved*. 2011

Summary

1

Bias (whether implicit or explicit) has real impacts on people's experience of care.

2

Cultural humility is an ongoing and continual process.

3

Regularly practicing self-reflection can help you to remain client-centered and neutralize bias.

Questions? Comments?

What are some concrete commitments you will make to practice **cultural humility** and **address bias**?



Wrap-up



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Thank you!

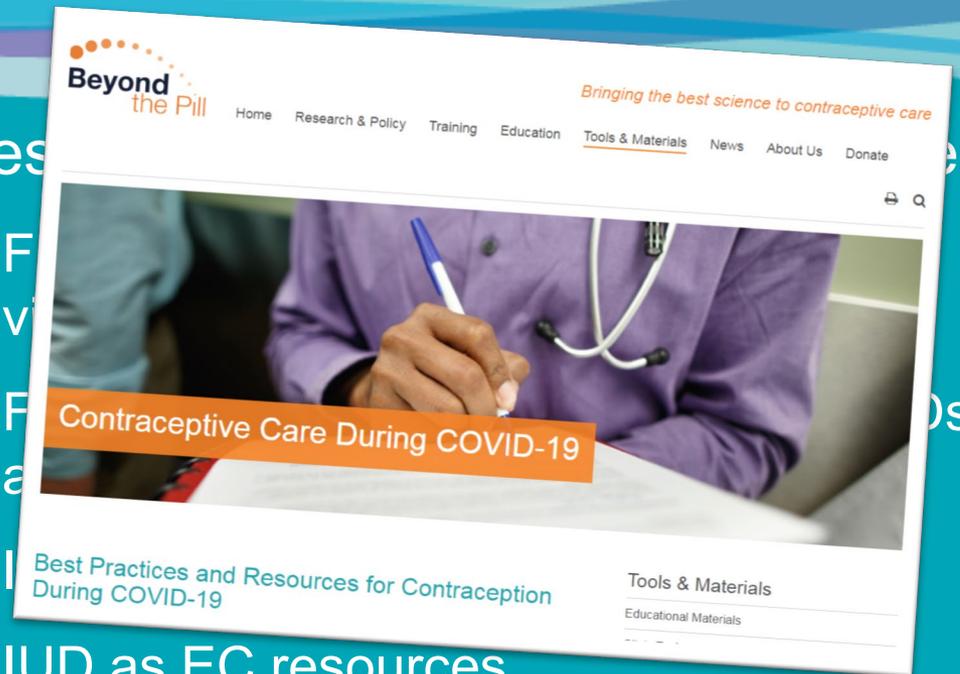


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- Best Practices and Resources for Contraception During COVID-19
- IUD as EC resources.





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Thank you!

survey.social/btpwebinars