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Implicit Bias Training for Health Care Professionals Stakeholder Engagement

EXECUTIVE SUMMARY AND PRESENTATION SLIDES

OCTOBER 30, 2020

Implicit Bias Training for Health Care Professionals Stakeholder Engagement

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Background

On July 9, 2020, Executive Directive 2020-7: Improving equity in the delivery of health care, was issued to direct the Michigan Department of Licensing and Regulatory Affairs (LARA) to establish new rules requiring all health care professionals to receive training on implicit bias and the way it affects delivery of health care services. ED 2020-7 directs the following:

1. The Department of Licensing and Regulatory Affairs (LARA), acting under the authority granted in MCL 333.16148(1) and MCL 333.17060(b), and in consultation with the relevant boards and task forces, must begin the process of promulgating rules to establish implicit bias training standards as part of the knowledge and skills necessary for licensure, registration, and renewal of licenses and registrations of health professionals in Michigan.
2. Not later than November 1, 2020, LARA must consult with relevant stakeholders in the licensed health professions, in state government, and elsewhere in the community, to receive input regarding proposed training standards.
3. This executive directive applies to the occupations under Article 15 of the Public Health Code, except for persons practicing under Part 188 (veterinary medicine).

In accordance with ED 2020-7, LARA conducted a series of engagement sessions from August to October 2020 to consult with relevant stakeholders to receive input regarding proposed training standards. The recommendations, suggestions, notes, and all other materials that were developed and submitted during the engagement sessions will be submitted to LARA's Bureau of Professional Licensing (BPL) for further consideration in developing implicit bias training rules for Michigan's licensed health professionals.

Stakeholder Engagement and Recommendations

LARA conducted 17 stakeholder engagement meetings over an 8-week period. The activities commenced with two initial discussions to gather feedback, best practices, resources, and finalize subgroup topics. Both sessions had an attendance of more than 100 people per session representing many different organizations, disciplines, and perspectives. Throughout the engagement, 86 organizations were represented including insurance providers, hospitals, health care associations, legislators, state agencies, higher education, community and advocacy groups, and other interested parties.

Following the initial discussions, participants were divided into three subgroups based in individual preference. The implementation, curriculum, and partnerships subgroups met from the week of September 28 to October 16. Each subgroup was tasked with reviewing previously submitted ideas and themes from the initial discussions, exploring new concepts introduced by group members, and formulating a set of recommendations. The following recommendations represent a summary of the final product of nearly 20 hours of engagement meetings.

Implementation Subgroup Recommendations

Frequency

- Training should be considered ongoing professional development and aligned with the licensee's renewal cycle.

Training Logistics

- Training should be interactive and offered through several modes of delivery.

Education Definitions

- Training should be broadly applied to all health professions and may be incorporated into continuing education requirements, where applicable.

Application to Health Professionals

- Implicit bias training is an initial strategy that must be supplemented with additional educational and policy tools aimed at advancing equity while reducing disparities in health care.

Accountability

- Integrate training with the complaint processes, disciplinary sanctions, and re-training to yield better outcomes.

Rulemaking Process

- The regulatory impact statement should clearly document the intended impact of implicit bias training on licensees and citizens.

Curriculum Subgroup Recommendations

Knowledge Based Curriculum Standards

Training should include:

- Information on implicit and explicit bias, equitable access to health care, serving a diverse population, diversity and inclusion initiatives, and sensitivity to cultural and other differences when interacting with members of the public or other health care personnel.
- A discussion on power dynamics and organizational decision making.
- Examples of how implicit bias affects the perceptions, judgments, and actions of health care personnel (i.e. prescribing medications, ordering treatments, informed consent, and care plan development) and how those perceptions, judgments, and actions result in unacceptable disparities in access to health care.
- Identification of previous or current unconscious biases (i.e. types - affinity, confirmation, attribution, conformity) and misinformation.
- An overview of current research on implicit bias in the delivery of health care.
- A discussion of the historical reasons for, and the present consequences of, the implicit biases people hold towards historically marginalized racial and ethnic groups.
- Information about cultural identity across racial or ethnic groups.
- Foundational knowledge to introduce common language around diversity, equity, and inclusion (i.e. implicit bias, diversity, inclusion, equity, equality, prejudice, systems of advantage, microaggressions, intersectionality, and target groups).

Attitudes Based Curriculum Standards

Training should include:

- Identification of personal, interpersonal, policy, institutional, structural, and cultural barriers to inclusion.
- The administration of implicit association tests paired with appropriate wrap-around supports to increase awareness of one's unconscious biases.
- The understanding and recognition of implicit bias and practical techniques to mitigate implicit bias and improve cultural competence.

Skill Based Curriculum Standards

Training should include:

- The practice of communicating, listening, and understanding more effectively across identities, including race, ethnicity, gender identity, sexual orientation, age, socioeconomic status, disability, religion, nationality or other characteristics.
- Exploration of corrective measures to decrease implicit bias at the interpersonal and institutional levels, including ongoing policies and practices for that purpose.
- Strategies to address how unintended biases in decision making may contribute to health care disparities by shaping behavior and producing differences in the delivery of health care along lines of race, ethnicity, gender identity, sexual orientation, age, socioeconomic status, disability, religion, nationality or other characteristics.
- The administration of Pre and Post-Test Assessments to demonstrate response change after training.

Training Logistics

- Training should include the perspective of diverse, local constituency groups and experts on particular racial, identity, cultural, and provider-community relations issues in the community.
- Training should strive for the inclusion of experiential learning components to allow learners to see and work on their own biases.
- The training providers should be representative of the diversity of persons served and academically trained in diversity, inclusion, and the elimination of bias or possess prior experience educating health care providers about diversity, inclusion, and the elimination of bias.
- The training should be content driven to meet the curriculum standards without a minimum or maximum time requirement.
- The training should be offered at various levels (introductory, intermediate, advanced) to allow learners to build on knowledge, attitudes, and skills.

Partnership Subgroup Recommendations

Impacts, Measurements & Outcomes

Training should:

- Change practice through three domains of learning: knowledge, behavior and attitude (Outcome).
- Implement annual training or continuing education requirements (Outcome).
- Implement pre-tests and post-tests to evaluate impact (Measurement).
- Implement peer evaluations or assessments; the key here is requiring independent evaluation or assessment, not a self-assessment (Measurement).
- Implement voluntary opportunities to obtain patient feedback as an evaluation method (Measurement).
- Elevate importance by connecting with leadership in different associations for buy-in and communication (Impact).

Delivery Methods and New Technologies

- E-training is the most efficient; in-person is likely the most impactful.
- Regardless of format, discussion and interaction of trainees is a must.
- Training should include cross training by profession.
- Training must include trusted trainers that reflect the community they serve.
- Multiple training methods may be warranted due to different learning styles.
- Training must include listening, trusting, and investing in trainers to ensure we have appropriate resources.

Individual & System Level Biases

Training should:

- Include a segment on how to make implicit bias improvements or changes within your own practice or system.
- Train and educate individuals on how implicit bias is a detriment to business.
- Implement ongoing, progressive training to help ensure improvement at reducing implicit bias.
- Train and educate individuals on tangible strategies for implementing organizational change.

Implicit Bias Training Implementation Subgroup

Tuesdays, September 29, October 6, October 13; 4:00-5:00 PM
Thursdays, October 1, October 8, October 15; 4:00-5:00 PM

Agenda



Subgroup Overview



Review & Discuss Ideas



Questions



Next Steps

Implementation Subgroup Logistics and Timeline

- Subgroup Focus:
 - Timeline to obtain training
 - Putting rules into practice
 - Recognize previous/ongoing training
- Meeting September 28 – October 16
- Ideas, recommendations, best practices may also be shared with OPLAInfo@michigan.gov



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Subgroups and Topics

Implementation

- Timeline to obtain training
- Putting rules into practice
- Recognize previous/ongoing training

Curriculum

- Scope of the training (race, gender, ability, etc.)
- Pre/Post-Assessment
- Levels (intro v. intermediate)

Partnerships

- Collaboration with vendors, nonprofits, academia, & other stakeholders
- Utilize research capacity
- Evaluate impact

E.D. 2020-07 Covers 26 Licensed Health Professions

Acupuncture	Applied Behavior Analysis	Athletic Trainer	Audiology	Chiropractors	Counseling
Dentistry	Genetic Counseling	Marriage and Family Therapy	Massage Therapy	Medicine (MD)	Midwifery
Nursing	Nursing Home Administrator	Occupational Therapy	Optometry	Osteopathic Medicine & Surgery	Pharmacy
Physical Therapy	Physician's Assistant	Podiatric Medicine & Surgery	Psychology	Respiratory Care	Sanitarian
		Social Workers	Speech-Language Pathology		

Review & Discuss Ideas

Comments & Suggestions

Frequency

Training Logistics

Education Definitions

Application to Health Professionals

Accountability

Rulemaking Process

Other Considerations

Frequency

- Should training be on an annual or biannual basis or linked to the licensee's renewal cycle (2-3 years).
- Training should represent lifelong learning and not merely be a check the box activity for licensure and relicensure.
- Make sure that training is ongoing.
- How do we accommodate individuals or providers who have already engaged in some form of implicit bias training?

Training Logistics

- What are the conditions under which training is offered, conducted, completed, etc.?
- How does one document or verify completion of the training?
- Creating clear guidelines on what organizations are qualified to provide trainings is critical - but may vary by profession.
- Should you contract with a single delivery style and content or will you have an approval process based on mandatory criteria?
- Trainers should be credible and credentialed.

Training Logistics

- Make sure that we are not adding barriers to training.
- Have we rolled out a similar training initiative successfully in the past that we can replicate?
- As the implementation of the requirement progresses, it is important to assure there is a connective mechanism with professions affected to identify gaps and enhancements that are needed in the curriculum offered over time, to be responsive to the needs of our state as they evolve. The licensure requirement cannot handle all the factors related to requiring implicit bias training for licensed professionals.



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Education Definitions

- There should be a discussion about what the word training means. Participation in a one-hour online module is not going to move the needle when it comes to behavior change.
- Annual training as part of continuing education requirements to maintain licensure is essential and sends a clear expectation that training in implicit bias is equal in importance to ethics, pain management, trafficking.
- In the same way we require curriculum in ethics, we should add this in ethics.

Application to Health Professionals

- We want to make sure that people / professions do not feel targeted (physicians in particular). This subject has many ramifications.
- As we develop this, are we going to have an opportunity to integrate opinions? This is a multifaceted concern, with a great deal of social determinants.
- Physicians currently do a great deal of training on things like opioid abuse, human trafficking, and other issues.

Application to Health Professionals

- Scope is important. It should deal with what health professionals do and it may not be best to just have a one size fits all. It should be more tailormade for each profession, and specific clinical world.
- Will training be different for different providers such as physicians vs. nurses vs. EMTs vs. dentists, etc.?
- Veterinarians should be included in this process as well.
- Can we include this for CNAs? For certification and recertification, as these individuals have most contact with long term care residents.
- Will these trainings apply to new graduates into their applicable professions?

Accountability

- Would there be an accountability piece? Would it be just upon completion/fulfillment or could this be included within the Code of Ethics commitment?
- We need to ensure that healthcare workers receive training and that organizations fully embrace the idea of zero tolerance in the workplace.
- How do we ensure that these trainings are leading to practice changes?
- Work with health plans to identify providers who may have had grievances brought against them by people of color- which may appear to be related to implicit bias.

Accountability

- A commitment to accountability must include both a DESCRIPTION of what workers are responsible for and ALSO WHAT HAPPENS when individuals and institutions do not comply.
- What are our anticipated outcomes and consequences?
- Will this training impact clinicians who may have experienced disciplinary actions related to racial/ethnic or other explicit biased behaviors?

Rulemaking Process

- In the regulatory impact statement or wherever it is appropriate to discuss the intended impact of implicit bias training on workers and on citizens, LARA needs to be precise about the mechanisms by which health disparities and inequities manifest and persist.
- Talk to legislators in other states about the challenges constructing their legislation.
- How do we prepare for pushback?



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Other Considerations

- Implicit bias training is ONE strategy among many and should be considered as a policy implementation strategy rather than a tool to convince institutions and decision makers to change policy.

Training Examples in Other States

Education Definition and Training Frequency

- Continuing Education: California, Illinois, Texas
- Training: Nebraska, New Jersey, New York, Pennsylvania
- Annual: Nebraska
- Biannual: New Jersey, New York

Recommendations

Subgroup Recommendations

- The following recommendations, and all other workgroup notes and materials, will be submitted to LARA's Bureau of Professional Licensing for further consideration in developing implicit bias training rules for Michigan's licensed health professionals.
 - *Recommendations*: Items which achieved broad consensus.
 - *Suggestions*: Items that warrant consideration but did not receive consensus, potentially apply to another subgroup, or may require additional research and development.
- Under MCL 24.241, a public hearing will be held where individuals can provide input, data, and views on the draft rules.

Frequency

- Recommendations
 - Training should be considered ongoing professional development and aligned with the licensee's renewal cycle.
- Suggestions
 - Consider requiring all licensees to complete implicit bias training within one year of the rule becoming effective.
 - Training should be proportionate to the length of the renewal cycle (i.e. annual, biannual, triennial).

Training Logistics

- Recommendations
 - Training should be interactive and offered through several modes of delivery.
- Suggestions
 - LARA should establish specific qualifications that all organizations or individuals must meet in order to provide training.
 - Consider designing and implementing implicit bias training in a manner similar to other recent educational requirements (i.e. human trafficking and opioid training).

Education Definitions

- Recommendations
 - Training should be broadly applied to all health professions and may be incorporated into continuing education requirements, where applicable.

Application to Health Professionals

- Recommendations
 - Implicit bias training is an initial strategy that must be supplemented with additional educational and policy tools aimed at advancing equity while reducing disparities in health care.
- Suggestions
 - Training should consider the dynamics of patient-provider interactions as well as provider-provider interactions.
 - Training should incorporate content and examples that are applicable to health care settings and relevant to health professionals.

Recommendations for Accountability

- Recommendations
 - Integrate training with the complaint processes, disciplinary sanctions, and re-training to yield better outcomes.
- Suggestions
 - Consult with the disciplinary committees of the various licensing boards to ensure that the proper accountability measures are in place.
 - Develop a disparities dashboard that monitors process and outcome metrics stratified by race and ethnicity, with regular dissemination of data to leadership and staff.

Recommendations for Rulemaking Process

- Recommendations
 - The regulatory impact statement should clearly document the intended impact of implicit bias training on licensees and citizens.

Implicit Bias Training Curriculum Subgroup

Mondays, September 28, October 5, October 12; 1:00-2:00 PM
Wednesdays, September 30, October 7, October 14; 1:00-2:00 PM

Agenda



Welcome



Review & Discussion of Ideas



Questions



Next Steps

Welcome



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Curriculum Subgroup Logistics and Timeline

- Subgroup Focus:
 - Scope of the training (race, gender, ability, etc.)
 - Pre/Post-Assessment
 - Levels (intro v. intermediate)
- Meeting September 28 – October 16
- Ideas, recommendations, best practices may also be shared with OPLAInfo@michigan.gov



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Subgroups and Topics

Implementation

- Timeline to obtain training
- Putting rules into practice
- Recognize previous/ongoing training

Curriculum

- Scope of the training (race, gender, ability, etc.)
- Pre/Post-Assessment
- Levels (intro v. intermediate)

Partnerships

- Collaboration with vendors, nonprofits, academia, & other stakeholders
- Utilize research capacity
- Evaluate impact

E.D. 2020-07 Covers 26 Licensed Health Professions

Acupuncture	Applied Behavior Analysis	Athletic Trainer	Audiology	Chiropractors	Counseling
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Nursing	Nursing Home Administrator	Occupational Therapy	Optometry	Osteopathic Medicine & Surgery	Pharmacy
Physical Therapy	Physician's Assistant	Podiatric Medicine & Surgery	Psychology	Respiratory Care	Sanitarian
		Social Workers	Speech-Language Pathology		

Review & Discussion of Ideas

Comments & Suggestions Themes

Scope of Training – Identity/Characteristics

Pre-Post Assessment/Follow-up/Discussion

Systemic Racism

Foundational Areas of Knowledge & Experiential Learning

Personal, Interpersonal, Institutional/Structural, and Cultural Barriers to Inclusion

Trainer Specifications & Length of Training

Scope of Training – Identity/Characteristics

To address
how
unintended
biases
impact
specific
target
groups

Recommendation to **include disability** explicitly as part of target groups to be addressed along with race/ethnicity/sexual orientation/gender/age/etc.

Recommendation to **include age** as an implicit bias. With COVID-19, particularly affecting those over 65, combined with the comments in the media regarding economic effects of COVID-19 caring for the aged, that including age as an implicit bias is timelier than ever.

Recommendation for the inclusion of **different languages**. Limited English Proficiency (LEP) patients with language service's needs

Recommendation for the inclusion of **substance use disorder**

Recommendation to include the topic of **intersectionality**; individuals who are a part of more than one marginalized group.

Examples in other states: 4 states have legislation requiring training to address race, ethnicity, gender identity, sexual orientation, and socioeconomic status. 3 states also include age and 2 include religion.

Pre-Post Assessment/Follow-up/Discussion

Administration of Implicit Association Tests

A good assessment from Harvard University that appears to be a widely used tool in these trainings. <https://implicit.harvard.edu/implicit/takeatest.html>

Examples in Other States: The administration of implicit association tests to increase awareness of one's unconscious biases (New York – Senate Bill S6797)

Post-Training Tools

Prepare toolkit for a deeper dive for those that are interested in learning more about these issues.

Integrate IB knowledge into practice. Consider how to make this real through tools and strategic integration.

Include opportunities to dialogue and ways to continue the dialogue into the workplace. Identify how to bridge what is learned from the training into the work environment.

Systemic Racism

Information about Systemic Racism

Recommendation to highlight the importance of educating on what is systemic racism.

One way to understand systemic racism is to define it. Another way is by envisioning a society that was not built on racist policies and not built on chattel slavery and genocide.

Address how power structures and access to power can equate to systemic racial disparities.

Recommendation for the training to assess how power structures and access to power can equate to systemic racial disparities. For instance, in public health, highlighting the black maternal health disparities and how that adds a long-term detriment to Black communities.

Examples in other states: Training must include a discussion on power dynamics and organizational decision making. (Illinois – HB 5488)

Foundational Areas of Knowledge & Experiential Learning

Foundational Knowledge

Recommendation to cover what some might consider "Diversity 001" before going deeper in increasing understanding of implicit bias and building skills for mitigating implicit bias. Foundational areas of knowledge (e.g. self-identity, what is culture, etc.)

Examples in Other States: Information about cultural identity across racial or ethnic groups. (Illinois – HB-5488)

Experiential Learning

Would like to include not just didactics but experiential learning “Walk in My Shoes”.

Recommendation to include a 'life course' game re-engineered to reflect what Black, brown and poor folks experience with COVID as part of that training.

Personal, Interpersonal, Institutional/Structural, and Cultural Barriers to Inclusion

Identification of multiple levels of barriers to inclusion

Recommendation to address implicit bias in individuals but also how to address it in systems. Mental health professionals interact with schools at times to advocate for children and implicit bias is rampant in school systems and policies.

Structural competency is key - teaching that ultimately these biases are produced by racist/sexist/inequitable policies and tools for interrupting and mitigating both individual and system level biases.

Examples in other states:

- Identification of personal, interpersonal, institutional, structural, and cultural barriers to inclusion.
- Corrective measures to decrease implicit bias at the interpersonal and institutional levels, including ongoing policies and practices for that purpose (Illinois – HB 4588)

Trainer Specifications & Length of Training

Trainer Specifications

Recommendation that trainers are credible and credentialed.

Examples in Other States: Trainings must be taught by individuals who are representative of the diversity of persons served by the NY health care system and academically trained in diversity, inclusion, and the elimination of bias or possess prior experience educating medical professionals about diversity, inclusion, and the elimination of bias. (New York SB 6797)

Length of Training

Participation in a one-hour online module isn't going to move the needle when it comes to behavior change.

Examples in Other States: Requires a physician to complete two hours of implicit bias training every two years. (New Jersey)

Recommendations

- The following recommendations, and all other workgroup notes and materials, will be submitted to LARA's Bureau of Professional Licensing for further consideration in developing implicit bias training rules for Michigan's licensed health professionals.
- Under MCL 24.241, a public hearing will be held where individuals can provide input, data, and views on the draft rules.

Curriculum Subgroup

The Implicit Bias Training Curriculum Subgroup offers the following recommendations by categorizing standards within the learning domains of knowledge, attitudes, and skills. The recommended curriculum standards provide a learning foundation to inform health providers about how to recognize and mitigate implicit bias as a strategy to improve the quality of care, relationships with communities, and patient outcomes.

Curriculum Standards - Knowledge

Training should include:

- Information on implicit and explicit bias, equitable access to health care, serving a diverse population, diversity and inclusion initiatives, and sensitivity to cultural and other differences when interacting with members of the public or other health care personnel.
- A discussion on power dynamics and organizational decision making.
- Examples of how implicit bias affects the perceptions, judgments, and actions of health care personnel (i.e. prescribing medications, ordering treatments, informed consent, and care plan development) and how those perceptions, judgments, and actions result in unacceptable disparities in access to health care.
- Identification of previous or current unconscious biases (i.e. types - affinity, confirmation, attribution, conformity) and misinformation.

Curriculum Standards - Knowledge

Training should include:

- An overview of current research on implicit bias in the delivery of health care.
- A discussion of the historical reasons for, and the present consequences of, the implicit biases people hold towards historically marginalized racial and ethnic groups.
- Information about cultural identity across racial or ethnic groups.
- Foundational knowledge to introduce common language around diversity, equity, and inclusion (i.e. implicit bias, diversity, inclusion, equity, equality, prejudice, systems of advantage, microaggressions, intersectionality, and target groups).

* Additional terms and suggested definitions can be found within the subgroup notes.

Curriculum Standards - Attitudes

Training should include:

- Identification of personal, interpersonal, policy, institutional, structural, and cultural barriers to inclusion.
- The administration of implicit association tests paired with appropriate wrap-around supports to increase awareness of one's unconscious biases.
- The understanding and recognition of implicit bias and practical techniques to mitigate implicit bias and improve cultural competence.

Curriculum Standards - Skill

Training should include:

- The practice of communicating, listening, and understanding more effectively across identities, including race, ethnicity, gender identity, sexual orientation, age, socioeconomic status, disability, religion, nationality or other characteristics.
- Exploration of corrective measures to decrease implicit bias at the interpersonal and institutional levels, including ongoing policies and practices for that purpose.
- Strategies to address how unintended biases in decision making may contribute to health care disparities by shaping behavior and producing differences in the delivery of health care along lines of race, ethnicity, gender identity, sexual orientation, age, socioeconomic status, disability, religion, nationality or other characteristics.
- The administration of Pre and Post-Test Assessments to demonstrate response change after training.

Curriculum Standards – Training Logistics

- Training should include the perspective of diverse, local constituency groups and experts on particular racial, identity, cultural, and provider-community relations issues in the community.
- Training should strive for the inclusion of experiential learning components to allow learners to see and work on their own biases.
- The training providers should be representative of the diversity of persons served and academically trained in diversity, inclusion, and the elimination of bias or possess prior experience educating health care providers about diversity, inclusion, and the elimination of bias.
- The training should be content driven to meet the curriculum standards without a minimum or maximum time requirement.
- The training should be offered at various levels (introductory, intermediate, advanced) to allow learners to build on knowledge, attitudes, and skills.



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Implicit Bias Training Partnerships Subgroup

Tuesdays, September 29, October 6, October 13; 11:00-12:00 PM
Thursdays, October 1, October 8, October 15; 11:00-12:00 PM

Agenda



Welcome



Review & Discussion of Ideas



Questions



Next Steps

Welcome



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Partnerships Subgroup Logistics and Timeline

- Subgroup Focus:
 - Utilize research capacity
 - Evaluate impact & Measure outcomes
 - Collaboration with vendors, nonprofits, academia & other stakeholders
- Meeting September 29 – October 15
- Ideas, recommendations, best practices may also be shared with OPLAInfo@michigan.gov

Subgroups and Topics

Implementation

- Timeline to obtain training
- Putting rules into practice
- Recognize previous/ongoing training

Curriculum

- Scope of the training (race, gender, ability, etc.)
- Pre/Post-Assessment
- Levels (intro v. intermediate)

Partnerships

- Utilize research capacity
- Evaluate impact & Measure outcomes
- Collaboration with vendors, nonprofits, academia & other stakeholders

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		Social Workers	Speech-Language Pathology		

Review & Discussion of Ideas

Comments & Suggestions / Themes

Impacts, Measurements & Outcomes

Delivery Methods & New Technologies

Resources & Toolkits

Individual & System Level Implicit Bias

Impacts, Measurements & Outcomes

Objectives

Utilize research capacity in partnership with stakeholders to ensure implicit bias trainings are **leading to sustainable changes**.

Integrate implicit bias knowledge into practice. Consider how to make this real through tools and **strategic integration**.

Advocate to be required curriculum in all professional/graduate training.

Efficacy

In the rules for Psychology, curriculum in ethics is required - it is a big step and big statement of importance to add required curriculum in the academic programs. Annual training as part of CE requirements to maintain licensure is essential and sends a clear **expectation** that training on implicit bias is **equal in importance** to ethics, pain management and trafficking.

Delivery Methods & New Technologies

Learning Styles

What **effective delivery methods** are currently in place to deliver new content that have worked well in the past?

- In-person instruction
- Virtual classroom
- E-Training – on demand/own pace

New Technologies

Leverage new technology – Provide training in a way that caters to **multiple learning styles**, as well as validates competency of new behaviors learned and tracks compliance for completion. Huron resources provide on-site, virtual and on-demand options in these areas.

Resources & Toolkits

Existing resources

The training that had the most impact on me was **Unlearning Racism** facilitated by Lee Mun Wah. It is a three-day **workshop** that I took **in person**. During this time of COVID-19 he has offered it online. He does customize workshops for corporations, government agencies, healthcare organizations, school systems, and more.

The American Nurses Association (ANA)-MI are a very sophisticated group of professionals who routinely **host continuing education courses, have tech platforms, the ability to archive**, etc. They can facilitate the required training/curriculum for licensure for the nursing profession. They actually held a Zoom last week with their members called, “Crushing the Wheel of Disparities: Diversity, Equality, Inclusion.” Their leadership team is very diverse and very committed to this topic (and have been) so they were very grateful and excited to hear the Governor and LG be so focused on the topic.

Resources & Toolkits (continued)

Existing resources

Webinar on cultural competence in providing services (broadly) to refugees and a **resource** was mentioned: the **Centering Equity** group. **Stratis Health in Minnesota** has information/resources for increasing the cultural competency for health care providers who provide services to diverse populations.

I've also implemented a **social determinants electronic medical record tool** via a company from Austin, Texas for the entire Beaumont Health system which we are just launching - we could share the free version of this resource with the state - it's a **social care network**.

Individual & System Level Implicit Biases

Structural Competency

People need training on how to address **implicit bias in individuals but also how to address it in systems**. Mental health professionals interact with schools at times to advocate for children and implicit bias is rampant in school systems and policies.

Structural competency is key - teaching folks that ultimately these biases are produced by racist/sexist/inequitable policies. **Tools for interrupting and mitigating both individual and system level biases.**

Recommendations

- The following recommendations, and all other workgroup notes and materials, will be submitted to LARA's Bureau of Professional Licensing for further consideration in developing implicit bias training rules for Michigan's licensed health professionals.
-
- Under MCL 24.241, a public hearing will be held where individuals can provide input, data, and views on the draft rules.

Recommendations for Impacts, Measurements & Outcomes

- Change practice through three domains of learning: knowledge, behavior and attitude (Outcome)
- Implement annual training or continuing education requirements (Outcome)
- Implement pre-tests and post-tests to evaluate impact (Measurement)
- Implement peer evaluations or assessments; the key here is requiring independent evaluation or assessment, not a self-assessment (Measurement)
- Implement voluntary opportunities to obtain patient feedback as an evaluation method (Measurement)
- Elevate importance by connecting with leadership in different associations for buy-in and communication (Impact)

Recommendations for Delivery Methods and New Technologies

- E-training is the most efficient; in-person is likely the most impactful
- Regardless of format, discussion and interaction of trainees is a must
- Cross training by profession
- Trusted trainers need to reflect the community they serve
- Multiple methods may be warranted due to different learning styles
- Listening, trusting, and investing in trainers to ensure we have appropriate resources

Recommendations for Resources and Toolkits

- Michigan Health Council - Implicit Bias Training Program
- National Association of Social Workers Michigan Chapter
- Michigan Breastfeeding Network www.mibreastfeeding.org/webinars
- Michigan League for Public Policy - Racial Equity Training <https://mlpp.org/21-day-racial-equity-challenge/>
- The People's Institute for Survival and Beyond - Undoing Racism <https://www.pisab.org>

Recommendations for Resources and Toolkits (continued)

- Medical Apartheid: The Dark History of Medical Experimentation on Black Americans for Colonial Times to the Present. Harriet Washington, Author
- Minnesota Stratis Health <http://www.culturecareconnection.org/index.html>
- Disability Network Wayne County Detroit <https://www.dnwayne.org>
- Michigan Department of Civil Rights <https://www.michigan.gov/mdcr/>



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Recommendations for Individual & System Level Biases

- Include a training segment on how to make implicit bias improvements or changes within your own practice or system
- Train and educate individuals on *how* implicit bias is a detriment to business
- Implement ongoing, progressive training to help ensure improvement at reducing implicit bias
- Train and educate individuals on tangible strategies for implementing organizational change