Graham's FOUNDATION
Fighting for Premature Babies

SPECIAL EDITION

GRAHAM'S FOUNDATION LOOKS AT BIAS IN HEALTH CARE

Graham's Foundation has always been an advocate for premature babies and their families, regardless of race, ethnicity, social background, or lifestyle. We celebrate the birth of all babies.

However, a recent scientific publication has shown that there are disparities in the care and outcome of people in BIPOC (Black, Indigineous, and people of color) communities. These disparities affect both adults and children. Graham's Foundation is taking steps so that we can be a positive force in support of this portion of our population.

To that end, our Board of Directors has identified diversity, equality, and inclusion as a priority and we are actively looking for opportunities to evolve as an organization to be more thoughtful and intentional in these areas. Board member Marie Boone-Clark is leading this initiative. She has formed an Advisory Council to look at how bias in the NICU can affect the outcomes of babies born prematurely and identify ways for Graham's Foundation to help address this issue.

In this special edition of our newsletter we'll hear from Marie and one of the members of the Advisory Council, Shawn Smith, MD, as they take a deeper look how recognizing bias is the first step toward eliminating it.

I encourage you to take a few minutes to read this important information that affects us all.

Ben Roberts
Executive Director

p.s. Take Marie's simple test to better understand the prevalance of bias.

Marie Boone-Clark

Member, Graham's Foundation Board of Directors

The increasing diversity in the United States population is reflected in the patients treated by healthcare professionals. However, research shows this diversity is not represented by the demographic characteristics of healthcare professionals themselves.
Patients from underrepresented groups in the U.S. can experience the effects of unintentional cognitive (unconscious) biases that derive from cultural stereotypes in ways that perpetuate health inequities. These health inequities are not reserved for adult patients.

According to a peer-reviewed study published in *Proceedings of the National Academy of Sciences* (September 1, 2020), in the United States, Black babies die at three times the rate of white newborns during their initial hospital stays. But when Black doctors cared for Black babies, their mortality rate was cut in half.

In an interview, Brad Greenwood, the study co-author, and an associate

professor of Information Systems & Operations Management Sciences at George Mason University, is quoted as saying a “mix of structural issues could've contributed, and each are really disturbing… I don't think any of us would suggest as co-authors that these results are manifesting as a result of malicious bias on the part of physicians. I also think that underscores how insidious something like this is. Children are dying as a result of just structural problems."

It was this study that led Graham’s Foundation to question if we could help better equip parents or preemies to navigate these “structural problems.”

We sought out the knowledgeable expertise of **Valencia Walker, MD**, Associate Chief Diversity and Health Equity Officer Nationwide Children's Hospital and Associate Division Chief for Health Equity and Inclusion Department of Pediatrics | Division of Neonatology at The Ohio State University College of Medicine, to help us answer this question and to lead an advisory council.

Additional members of the Advisory Council are:

Shawn Smith, MD – Attending Physician, Neonatal ICU Hospitalist, Prentice Women’s Hospital; Assistant Professor, Northwestern Feinberg School of Medicine

Noredia Itohan Alile, MD – Neonatologist at Advocate Health Care, Chicago

Alice Obuobi, MD – Medical Director at Texas Children's Hospital

Joy Henderson, PhD, RN, PhD – Assistant Professor at Pace University - College of Health Professions and Manager, Regional Perinatal Centers, New York Presbyterian Hospital

Kimberly Taylor-Campbell, RN – Director of HCPPA on the Maternal Mortality Reduction Project as a Certified Healthcare Simulation Educator (CHSE) nurse educator for NYC Health and Hospital System’s Simulation Center

The Advisory Council has articulated our objective as two-fold:

- Build an innovative and sustainable initiative to educate and empower BIPOC parents of preemies so they can adequately advocate for their baby at every stage.
- Create initiatives that interlace inclusivity, empathy, and cultural humility to offer relevant, culturally competent resources and support.

As the council moves forward with their work, we are committed to providing more meaningful updates on this project.

Shawn Smith, MD

Attending Physician

Neonatal ICU Hospitalist, Prentice Women’s Hospital

Assistant Professor, Northwestern Feinberg School of Medicine

As a pediatrician that works exclusively in the neonatal ICU as a hospitalist, I have noticed a few things over many years.

Most physicians and nurses think they treat all patients the same, but knowing everyone has implicit bias, this likely isn’t true.

This world teaches us bias in everything we observe… when learning world history in school, when watching what race the criminals are in movies as well as what race the professionals are — including doctors and nurses.

Everyone, including physicians and nurses, “brings their bias to work.” It becomes obvious when the medical team may discuss patients and parents differently:

- Is there a single parent at the bedside instead of two?
- Are the parents always at the bedside for rounds or are some parents unable to attend? If parents are absent, has the medical team discussed support options for the family?
- Do parents have other children at home that they are unable to bring to the NICU due to visitor restrictions or because they are busy managing virtual school and working from home and cannot visit during bedside

rounds?

- Do parents have the option of extended work leave or are they forced to return to work or risk losing employment while their baby is in the NICU?
- Are the parents of the same sex? How comfortable are we asking the proper way these families would like to be addressed or do we avoid it altogether because we are uncomfortable?
- Do we speak in hushed tones if a Mom is on medications for depression and anxiety, which some potential side effects may cause an infant to be admitted to the NICU for close observation? What about the parents struggling with opioid addiction versus one that admits to marijuana use? Are we more compassionate for one over the other?
- Do we jokingly laugh or poke “harmless” fun at baby names? If so, is it possible that we can then speak to, think of, and treat these parents without judgement if we already feel their first decision (naming their child) was not a good one?
- Do we treat families that are on the hospital or advisory board or those that are able to donate funds differently than other patients? Is this the expectation?
- Do we update parents that require an interpreter as often as we do our English-speaking families?

Some of these everyday occurrences are not noticeable to some, but once made aware of our biases, we can “check them” and then choose to respond differently. When physicians and nurses respond differently, we can narrow the gap on health disparities demonstrated so starkly between Black and white babies.

Doctors and nurses absolutely want to provide the best care for our patients, but being unaware of implicit bias makes that impossible.

The undeniable difference of how race plays a role was put on display last year after the killing of George Floyd and the disparities of COVID-19 in Black and Brown communities.

Often non-white patients feel they are spoken to with less compassion and report having felt being treated differently than other patients.

For the past three years, I have facilitated small-group talking sessions for pediatric trainees and nurses. They have been largely very welcoming to this conversation and have become aware of their own bias which comes from joining the conversation.

I have facilitated these small group discussions with over 375 pediatric trainees and nurses. I have witnessed the residents go on to create a Resident Diversity Task force, with specific and tangible requests — create an advocacy portion to their weekly Morning Reports to discuss disparities in health care including current conditions such as COVID-19, bias in pain management and environmental racism.

Change will not come overnight as the problem has been in existence for hundreds of years. However, knowing that physician bias can contribute to patient harm and disparate outcomes means we cannot ignore this problem. The good news is that by bringing awareness to our own biases, physicians and nurses can make immediate changes in their patient care for babies and families at the bedside. These conversations also give tools for physicians and nurses to call out bias in their colleagues in a way that centers the patient and our collective inherent desire to do good.

I encourage everyone to speak up within their own circles, at work or home when loved ones express implicit bias and gently correct them or ask why they made the comment and consider why it may cause harm. It is not the intent of your statement, but the IMPACT of your words or actions.

April 11-17
Black Maternal Health Week
A week of awareness, activism, and community building intended to deepen the national conversation about Black maternal health in the US.

April 18-24
National Volunteer Week
We are grateful for all the wonderful people that volunteer for Graham's Foundation. You are our arms and legs in the world and you make us stronger.

May 2
Parents of Preemies Day

Share your story with us at blog@grahamsfoundation.org

May
National Nurse Appreciation Month
We recognize and appreciate the amazing work done by all nurses. We're especially thankful for those that work tirelessly in the NICU.

From our Preemie Art Gallery

Artwork by former preemie Thomas, age 8
Born at 24 weeks 6 days gestation weighing 1 lb. 8 oz.

New! Monthly Themes for Preemie Art Submissions

We are excited to announce monthy themes for our **Preemie Art Gallery**. We welcome all types of artwork but want to inspire your preemie by suggesting a few topics.

Artwork submitted by the fifth of each month will be considered for use in our upcoming newsletter.

Next month's themes: Mother's Day, Cinco de Mayo, Flowers or ducklings

Guidelines for submitting artwork are available here.

Did you know that our **Preemie Parent Mentor Program** provides resources and peer support to parents throughout their child's prematurity journey? We have a team of trained parent (and grandparent) volunteers, each of whom has had their own experience with prematurity.

Every prematurity journey is unique, but know that you are not alone. Mentors are available by video call, phone, text, or email.

SUPPORT OUR MISSION

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