Video Companion Guide
Health Disparities in Family Planning

Learning Objectives:
By the end of the session, learners will be able to:

- Define health disparities in family planning and describe examples of these disparities.
- Describe the etiologies of disparities in family planning.
- Describe ways in which their own biases can further perpetuate health disparities.

Video Lecture: Health Disparities in Family Planning
Presented by Dr. Andrea Jackson

Available for free viewing at:
www.innovating-education.org/2016/02/health-disparities-in-family-planning-2/

Suggested Readings:

- Haider S, Stoffel C, Donenberg G, Geller S. Reproductive health disparities: a focus on family planning and prevention among minority women and adolescents. Glob Adv Health Med. 2013 Sep;2(5):94-9.
- Finer LB, Zolna MR. Shifts in intended and unintended pregnancies in the United States, 2001-2008. Am J Public Health. 2014 Feb;104 Suppl 1:S43-8.
- Dehlendorf C, Weitz T. Access to abortion services: a neglected health disparity. J Health Care Poor Underserved. 2011 May;22(2):415-21.
- Diniz SG, d'Oliveira AF, Lansky S. Equity and women's health services for contraception, abortion and childbirth in Brazil. Reprod Health Matters. 2012 Dec; 20(40):94-101.
- Jacobson JC, Jensen JT. A policy of discrimination: reproductive health care in the military. Womens Health Issues. 2011 Jul-Aug;21(4): 255-8.

Teaching Points

- The Centers for Disease Control and Prevention (CDC) describe health disparities as:
    - **Preventable** differences in the burden of disease, injury, violence, or **opportunities** to achieve optimal health, that are experienced by **socially disadvantaged** populations.
- Black and Latina women have higher rates of unintended pregnancy and unintended births
- Unintended births are associated with poorer birth and social outcomes.
    - Poor birth outcomes include placental abruption, preeclampsia, and preterm birth.
    - Social outcomes include derailment of life course including poverty.
- While a legal abortion provided by a skilled provider is safe, there are still some consequences to abortion including higher health care costs and time needed to take off from work.
- The etiologies of health disparities come from: social determinants of health, historical context, patient behaviors, and provider behaviors.
    - *Social Determinants of Health* is a condition into which a person is born. Racial and ethnic minorities in the United States have higher rates of poverty, less education, and often live in unsafe neighborhoods. This poor societal standing leads to life stressors, which are associated with contraceptive non-use and lower efficacy methods.
    - *Historical Context* is an important factor in health disparities. The United States has a long history of medical abuse toward Black and Latino populations (i.e. Tuskegee syphilis study and coercive sterilization in California respectively).
    - *Patient Behaviors* can stem from this historical context in their mistrust with the medical community including beliefs that modern contraceptive methods have reproductive harm (resulting in non-use of contraception).
    - *Provider Behaviors* and provider bias can lead to unequal and worse quality care.
        - Implicit provider bias is difficult to discuss but necessary in order to eliminate disparities.
        - Provider bias in family planning can explain health disparities in unintended pregnancy and abortion.
            - Blacks and Latinos report race-based discrimination when receiving care and perceive coercion to limit their family size.
            - Evidence of provider bias is shown through increased IUD and sterilization recommendations to low-income and non-white patients compared to their white patient counterparts.
                - Differential pressure to control fertility increases mistrust between the patient and provider, leading to a greater tendency of the patient to discontinue contraceptive methods, which further perpetuates health disparities.

Suggested Discussion Questions

- What are four etiologies of health disparities and how do they contribute to unequal care?
- What is implicit provider bias? Give an example of how provider bias influences health disparities in family planning.
- Describe ways in which your own personal biases would influence patient behaviors in your own clinical setting.

Lesson Plan: *Health Disparities in Family Planning*

Using a flipped classroom model, this lesson plan will use the video lecture and additional resources to provide learners with an engaging learning environment. Here's how to use this course in a "flipped-classroom" at your own institution.

What is a "Flipped Classroom" Learning Model?

A "flipped classroom" model provides learners with instructional content prior to class and facilitates in-class activities that focus on higher-level cognitive activities.[1, 2] This model differs from a traditional direct instruction approach and uses class time for learners to engage in hands-on learning, collaboration with their peers, and evaluation of their own progress. Learners are then able to practice applying key concepts while receiving guidance and feedback when it can help them most.[1, 2, 3]

Time Required

Total Time of Video Lecture: 16 minutes
[Recommended] Estimated Independent Prep Time Required by Learner: 1 hour
Total Estimated Time Required for In-Classroom Activity: 1 hour

Materials Required and Instructor Preparation

- Learners will need internet access with enough bandwidth to view streaming videos.
- The instructor should print copies of the quiz (Page 4) and the small group activity (Page 6) included in this packet.

Activity

Independent Preparation (conducted by learner before in-classroom activity)

- Learners should independently view the two video lectures.
- Learners may be assigned any of the following relevant readings (determined by instructor's desired learner work-load) as outlined in the "Suggested Readings" section on page 1.

In-Classroom Activity (Small Group and Individual Assignment)

- Divide the classroom into small groups (of 2 or 3) and distribute the small group activity handout (Page 4). Instruct learners to spend 15 minutes and work together to answer the questions provided on the handout.
- At the end of this activity, convene the class. Present the questions on the quiz and have learners share their answers.
- Write the correct answers on the board for the class to see. Collect each handout from groups.
    - The instructor can reference the answer sheet on page 5.
- Next, distribute the individual assignment (page 6). Instruct learners to spend approximately 10-15 minutes and work individually to answer each question on the quiz. Collect the handout and conclude the lesson.

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Name

Health Disparities in Family Planning
Small Group Activity: Quiz and Short Answers

Answer the two multiple-choice and short answer questions below referencing the video lecture: "Health Disparities in Family Planning". Be prepared to share your answers with the class and turn in this handout at the end of this session.

1. Which of the following contribute to health disparities in family planning?
   - ☐ Higher rates of poverty and less education experienced disproportionately by racial minorities.
   - ☐ The United States' history of medical abuse targeted at minority populations (i.e. the Tuskegee Syphilis Study)
   - ☐ Patient mistrust of the medical community
   - ☐ Providers' implicit biases toward certain racial and socioeconomic groups
   - ☐ All of the above

2. How can provider bias contribute to disparities in family planning?
   - ☐ Providers who offer differential pressure to control fertility may be perceived as coercive.
   - ☐ Provider bias elicits resistance from the patient so they are less likely to return for care when they need it
   - ☐ Provider bias leads to greater tendency to discontinue contraceptive methods and not return to care to start a new method
   - ☐ All of the above

3. What are four etiologies of health disparities and how do they contribute to unequal care?

   i.

   ii.

   iii.

   iv.

Health Disparities in Family Planning
Small Group Activity Answer Sheet

1. Which of the following contribute to health disparities in family planning?
   - ☐ Higher rates of poverty and less education experienced disproportionately by racial minorities.
   - ☐ The United States' history of medical abuse targeted at minority populations (i.e. the Tuskegee Syphilis Study)
   - ☐ Patient mistrust of the medical community
   - ☐ Providers' implicit biases toward certain racial and socioeconomic groups
   - ✓ **All of the above**

2. How can provider bias contribute to disparities in family planning?
   - ☐ Providers who offer differential pressure to control fertility may be perceived as coercive.
   - ☐ Provider bias elicits resistance from the patient so they are less likely to return for care when they need it
   - ☐ Provider bias leads to greater tendency to discontinue contraceptive methods and not return to care to start a new method
   - ✓ **All of the above**

3. What are four etiologies of health disparities and how do they contribute to unequal care?

i. Social Determinants of Health

Racial and ethnic minorities in the United States have higher rates of poverty, less education, and often live in unsafe neighborhoods. This poor societal standing leads to life stressors, which are associated with contraceptive non-use and lower efficacy methods.

ii. Historical Context/Background

The United States has a long history of medical abuse toward Black and Latino populations (i.e. Tuskegee syphilis study and coercive sterilization in California respectively). This leads to distrust of health providers that results in non-adherence to recommended medications like contraception.

iii. Patient Behaviors

Patient Behaviors can stem from this historical context in their mistrust with the medical community including beliefs that modern contraceptive methods have reproductive harm (resulting in non-use of contraception).

iv. Provider Behaviors

Blacks and Latinos report race-based discrimination when receiving care and perceive coercion to limit their family size. Evidence of provider bias is shown through increased IUD and sterilization recommendations to low-income and non-white patients \. Differential pressure to control fertility increases mistrust between the patient and provider, leading to a greater tendency of the patient to discontinue contraceptive methods, which further perpetuates health disparities.

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Name

Health Disparities in Family Planning
Individual Assignment

Please answer the following questions referencing the video lecture, "Health Disparities in Family Planning", assigned readings, and the individual quiz. You will turn in this completed handout at the end of this session.

Questions

I. What is implicit provider bias? Give an example of how provider bias influences health disparities in family planning.

II. Describe ways in which your own personal biases would influence patient behaviors in your own clinical setting.