



Review of Anti-Racism and Implicit Bias Training Continuing Education Curriculum

REQUIRED BY THE DIGNITY IN PREGNANCY AND CHILDBIRTH
ACT FOR HOSPITALS WITH OBSTETRIC CARE AND BIRTH
CENTERS

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The [Dignity in Pregnancy and Childbirth Act](https://www.revisor.mn.gov/statutes/cite/144.1461) (<https://www.revisor.mn.gov/statutes/cite/144.1461>) (MN § 144.1461), passed by the Minnesota State in 2021, addresses inequities in maternal health care. Subdivision 2 directs hospitals with obstetric care and birth centers to develop or access a continuing education curriculum on anti-racism training and implicit bias.

The Minnesota Department of Health (MDH) will make curriculum available that meets legislative criteria, as outlined in the [Dignity in Pregnancy and Childbirth Act](https://www.revisor.mn.gov/statutes/cite/144.1461) (<https://www.revisor.mn.gov/statutes/cite/144.1461>) (MN § 144.1461). Information for submitting organizations can be found on the [Dignity in Pregnancy and Childbirth Act](https://www.revisor.mn.gov/statutes/cite/144.1461) (<https://www.revisor.mn.gov/statutes/cite/144.1461>) webpage.

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To obtain this information in a different format, call: 651-201-3589.

Process for Review of Curriculum

A multi-disciplinary group of State staff will review curriculum that is submitted for review.

This group should include:

- A representative from MDH's Center for Health Equity
- A representative from MDH's Office of American Indian Health (or designee)
- A representative from the MDH's Women and Infant Health Unit
- A representative from the MDH's Child and Family Health Section

Review Timeline:

Curriculum will be reviewed as they are received. See the [Dignity in Pregnancy and Childbirth Act \(https://www.health.state.mn.us/people/womeninfants/womenshealth/childbirthact.html\)](https://www.health.state.mn.us/people/womeninfants/womenshealth/childbirthact.html) webpage the process.

The review process should take no longer than six months.

ReviewSheet

Reviewer Name:

Date of Review:

Training being reviewed:

	Does Not Meet	Meets	Reviewer Notes
The training solicits perspectives of diverse local constituency groups and experts on racial, identity, cultural, and provider-community relationship issues.			
Training includes education aimed at identifying:			
personal barriers to inclusion.			
interpersonal barriers to inclusion.			
institutional barriers to inclusion.			
structural barriers to inclusion.			
cultural barriers to inclusion.			
Training identifies <i>and</i> implements corrective measures, ongoing policies, and practices to:			
promote anti-racism practices and decrease implicit bias at the interpersonal level.			
promote anti-racism practices and decrease implicit bias at the institutional level.			

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Training provides information on the ongoing effects of historical and contemporary exclusion and oppression of:			
Black communities with the greatest health disparities in maternal and infant mortality and morbidity.			
Indigenous communities with the greatest health disparities in maternal and infant mortality and morbidity.			
Training provides information on and discussion of:			
health disparities in the perinatal health care field.			
how systemic racism and implicit bias have different impacts on health outcomes for different racial and ethnic communities.			

Does this training curriculum meet all legislative criteria? Yes No

Is this training curriculum recommended for hospitals and birth centers to meet legislative requirements of the Dignity in Pregnancy and Childbirth Act? Yes No

Appendix A: Definitions

Anti-Racism: The awareness of and active rejection of institutional, systemic, and structural policies, practices, and behaviors that create and maintain white supremacy. It is also the creation of new structures, policies, practices, behaviors, and relationships that undo their racist predecessors and the conditions that make them possible. [University of Michigan \(https://sites.lsa.umich.edu/inclusive-teaching/anti-racist-practices/anti-racist-definitions/\)](https://sites.lsa.umich.edu/inclusive-teaching/anti-racist-practices/anti-racist-definitions/)

Implicit Bias: Implicit bias is a form of bias that occurs automatically and unintentionally, that nevertheless affects judgments, decisions, and behaviors. [National Institutes of Health \(https://diversity.nih.gov/sociocultural-factors/implicit-bias\)](https://diversity.nih.gov/sociocultural-factors/implicit-bias)

Health disparity: A population-based difference in health outcomes (e.g., women have more breast cancer than men). [Advancing Health Equity in Minnesota: Report to the Legislature \(https://www.health.state.mn.us/communities/equity/reports/ahe_leg_report_020114.pdf\)](https://www.health.state.mn.us/communities/equity/reports/ahe_leg_report_020114.pdf)

Health inequity: A health disparity based in inequitable, socially-determined circumstances (for example, American Indians have higher rates of diabetes due to the disruption of their way of life and replacement of traditional foods with unhealthy commodity foods). Because health inequities are socially-determined, change is possible. [Advancing Health Equity in Minnesota: Report to the Legislature \(https://www.health.state.mn.us/communities/equity/reports/ahe_leg_report_020114.pdf\)](https://www.health.state.mn.us/communities/equity/reports/ahe_leg_report_020114.pdf)

Health equity: When every person has the opportunity to realize their health potential — the highest level of health possible for that person — without limits imposed by structural inequities. Health equity means achieving the conditions in which all people have the opportunity to attain their highest possible level of health. [Advancing Health Equity in Minnesota: Report to the Legislature \(https://www.health.state.mn.us/communities/equity/reports/ahe_leg_report_020114.pdf\)](https://www.health.state.mn.us/communities/equity/reports/ahe_leg_report_020114.pdf)

Structural inequities: Structures or systems of society — such as finance, housing, transportation, education, social opportunities, etc. — that are structured in such a way that they benefit one population unfairly (whether intended or not). [Advancing Health Equity in Minnesota: Report to the Legislature \(https://www.health.state.mn.us/communities/equity/reports/ahe_leg_report_020114.pdf\)](https://www.health.state.mn.us/communities/equity/reports/ahe_leg_report_020114.pdf)

Structural racism: The normalization of an array of dynamics — historical, cultural, institutional and interpersonal — that routinely advantage white people while producing cumulative and chronic adverse outcomes for people of color and American Indians. [Advancing Health Equity in Minnesota: Report to the Legislature \(https://www.health.state.mn.us/communities/equity/reports/ahe_leg_report_020114.pdf\)](https://www.health.state.mn.us/communities/equity/reports/ahe_leg_report_020114.pdf)

Systemic Racism: [National Institutes of Health \(https://www.edi.nih.gov/blog/communities/understanding-racial-terms-and-differences\)](https://www.edi.nih.gov/blog/communities/understanding-racial-terms-and-differences)

- Policies and practices entrenched in established institutions, which result in the exclusion or promotion of designated groups. It differs from overt discrimination in that no individual intent is necessary.

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- Inequalities rooted in the system-wide operation of a society that excludes substantial numbers of members of particular groups from significant participation in major social institution