

Addressing Infant Mortality: Healthcare Provider Understanding of Racial Disparities

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Abstract

Background: Black infant mortality (IM) is at 2-3 times the rate of their White counterparts in the United States. Several studies consistently demonstrate that genetics, income levels, maternal education, and other socioeconomic factors do not fully account for these differences, leading to a growing consideration of racism and bias itself, particularly its role in patient/provider relationships, as a key contributing factor in racially disparate healthcare outcomes. Few studies have assessed healthcare provider awareness of the racial disparity in IM between Black and White infants, their perspectives on root causes, and their proposed solutions to this disparity as compared to current literature. We seek to understand where improvements can be made in healthcare workers' understanding and assuming a professional responsibility in addressing racial differences in IM as a healthcare crisis. Methods: We have created an anonymous survey to collect qualitative and quantitative data about physician perspectives, which includes rating scales, written responses, demographic information, and multiple-choice responses. Outcomes: 92 responses were recorded from providers. While a vast majority (85-92%) of respondents agreed that racial disparities in IM existed nationally and in Colorado, only around 60% agreed that it existed in their own practice. Only 65% of respondents agreed that the racial disparity in IM is growing in Colorado.

While the majority (84%) of respondents agreed that socioeconomic factors did not account for the racial disparity in IM, when asked to select the contributing factors from a list, many selected unsubstantiated factors such as maternal education, income, and social habits. Most respondents were able to identify racism itself as a contributing factor. While most respondents were able to correctly identify low birthweight and prematurity, only 30% overall correctly identified SIDS and safe sleep practices as contributing factors. Themes of the proposed solutions included increasing the number of Black healthcare providers, increased access to healthcare and prenatal care, and education of providers on implicit bias. Conclusion: Healthcare providers appear hesitant in recognizing the existence of racial disparities in their own communities, as opposed to in the population at large. Additionally, we find that there is a substantial percentage of providers who still recognized unsubstantiated beliefs about contributing factors (such as abuse, income, education) in the racial disparity in IM, while not recognizing unsafe sleep practices, a known contributing factor. This study demonstrates a need for better provider education, which could serve to decrease potential provider bias when giving care to Black patients and families.