

Addressing Infant Mortality: Healthcare Provider

Understanding of Racial Disparities



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Background

- Infant Mortality (IM) is a marker of national wellbeing. The national rate has improved annually, now at 5.66 per thousand, and 4.85 in Colorado^{1,2,3}
- However, Black IM is 2-3 times higher than their White counterparts. In Colorado, Black IM is 11.57, and White IM is 3.25 (2019).^{1,2,3}
- Many studies show that controlling for factors such as genetics, income levels, maternal education, and other socioeconomic factors do NOT fully account for this racial disparity in IM.⁴
- Community members have identified barriers to access to care, mistrust of the healthcare system, and cultural differences with their providers as contributing factors

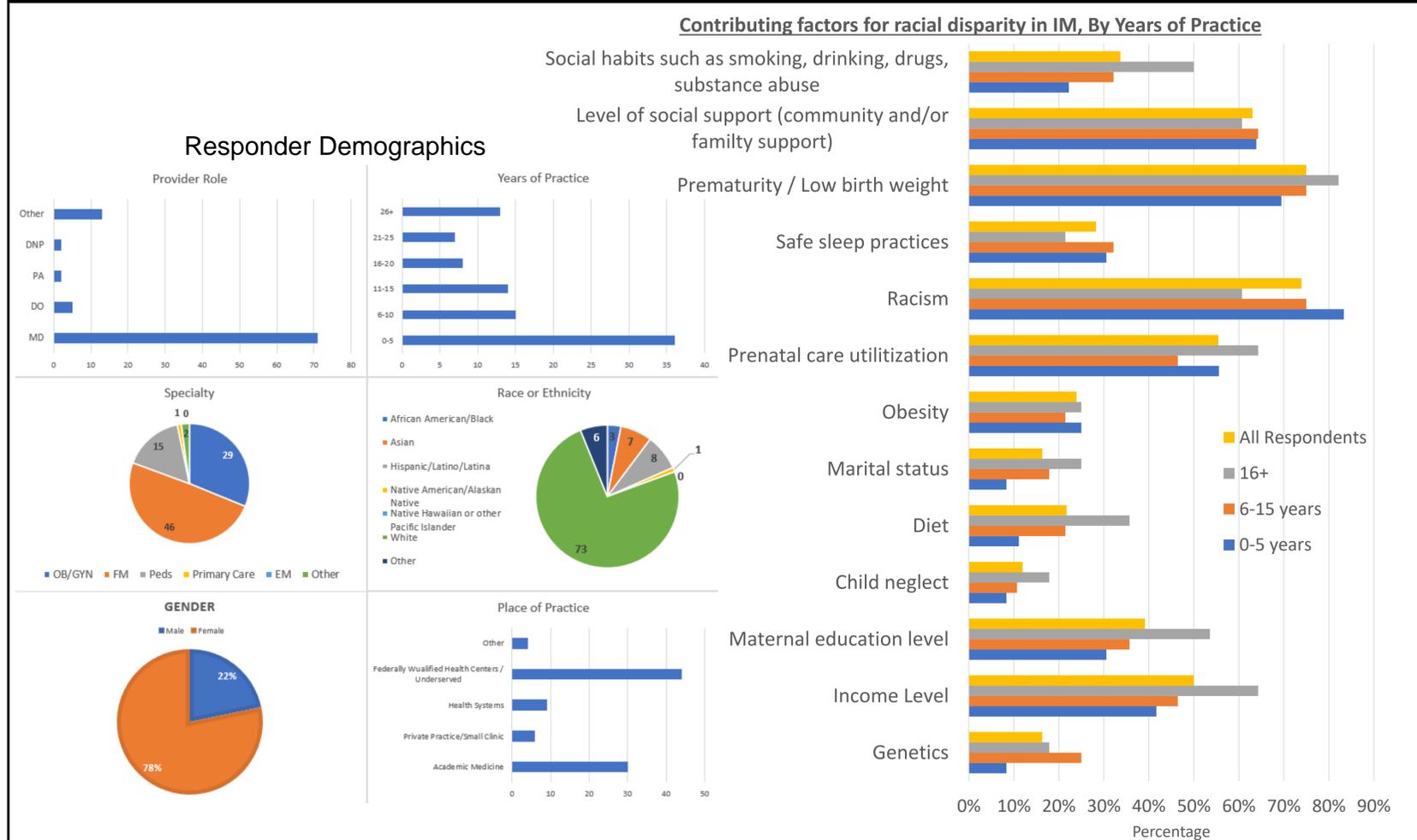
Objective

- To assess healthcare provider awareness of racial disparities in IM, their understanding of root causes, and their proposed solutions to disparities
- To compare these perspectives to current literature and community perspectives

Methods

- Anonymous survey of active healthcare providers (MD, DO, PA, DNP, Midwives) across several specialties and clinical settings, within Colorado about their perspectives
- Responses in the form of rating scales, written responses, demographic information, and multiple-choice responses are qualitatively and quantitatively analyzed

Results



Years of practice	There is a racial disparity of African American infants dying at higher rates than non-African American infants in the United States		There is a racial disparity of African American infants dying at higher rates than non-African American infants in Colorado		Higher rates of infant mortality in African Americans are still evident even when accounting for maternal education, marital status, and income levels		African American patients that I see in my community experience higher rates of infant mortality than non-African American patients		Overall rates of infant mortality are improving, but the racial disparity between African American and non-African American infant mortality is worsening	
	Agree	Disagree/Neutral	Agree	Disagree/Neutral	Agree	Disagree/Neutral	Agree	Disagree/Neutral	Agree	Disagree/Neutral
0-5 years	89%	11%	81%	19%	81%	19%	61%	39%	61%	39%
6-15 years	96%	4%	86%	14%	89%	11%	61%	39%	75%	25%
16+ years	93%	7%	89%	11%	82%	18%	57%	43%	61%	39%
Overall	92%	8%	85%	15%	84%	16%	60%	40%	65%	35%

Conclusions

- A majority of respondents recognize that racial disparities in IM exist nationally and in CO, but disproportionately believe that their own practices are not similarly affected. This points out a possible bias that their own practices are different or better than the national/state trend
- A subset of respondents, particularly those with 16+ years of practice, identified socioeconomic factors as contributing factors in the racial disparity in IM, which data does not support
- Common suggestions for improvement in the racial disparities in IM include: increasing the number of Black healthcare providers, access to care, and education of providers on implicit bias

Implications

- Healthcare providers appear increasingly willing to acknowledge that racial disparities exist, and that racism itself is a contributing factor; however there seems to be resistance to ownership of the problem. This contrasts with community perspectives, who identify mistrust of and difficulty voicing concerns to healthcare providers as a contributing factor to infant mortality.
- Greater education and support is needed for healthcare providers in their understanding of and their roles in address the racial disparities in IM

References

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