Infant Mortality (IM) is a marker of national wellbeing. Black members have identified Likert Disagree/Neutral Black are genetics, income levels, maternal education, and patients that I
65%
5.66
Colorado Dept of
A National Vital Statistics System
2 To compare these perspectives to current infants in the United barriers to
60%
H Agree
However, Black IM is 2 To assess healthcare provider awareness of
85%
Agree
2
40%
84%
Trends, Disparities, and Current Research, Percentage of respondents who identified a given factor as contributing to the racial infant mortality is
Disagree/Neutral
infants dying at
16%
Disagree/Neutral
and non
35%
Disagree/Neutral
Community demographics of all 92 respondents subset of respondents implicit bias infants in IM
IM
Disagree/Neutral
infants dying at
Agree
2
4.85 in Colorado
Most respondents recognize that racial disparities in
IM
Disagree/Neutral
infants
IM
Disagree/Neutral
and White IM is 3.25 (2019).
White counterparts. In Colorado, Black IM is 11.57, per thousand, and
The national rate has improved annually, now at 5.66 per thousand, and 4.85 in Colorado. 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). 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. Community members have identified barriers to access to care, mistrust of the healthcare system, and cultural differences with their providers as contributing factors.

**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. 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).
- 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.
- 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.

**Conclusions**

- Most respondents recognize that racial disparities in IM exist nationally and in CO, but disproportionately believe that their own practices are not similarly affected.
- A subset of respondents 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**