

Addressing Infant Mortality: Healthcare Provider Understanding of Racial Disparities

Results

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

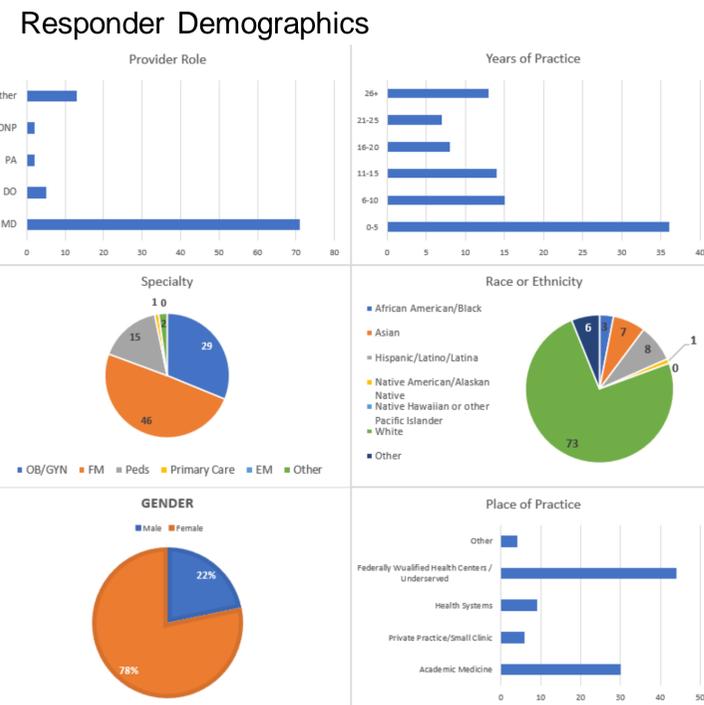


Figure 1- demographics of all 92 respondents

Identified Contributing Factors for Racial Disparity in IM

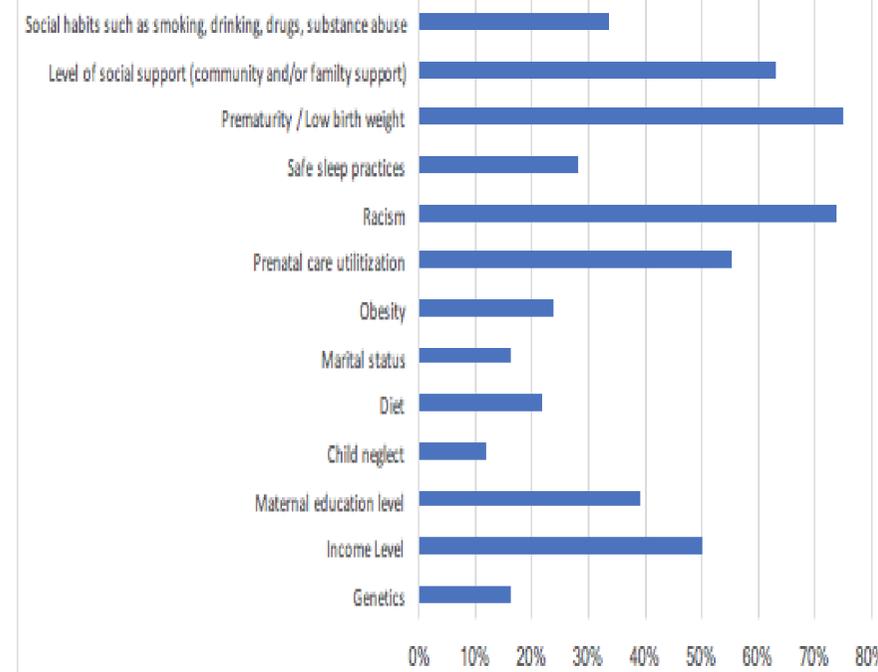


Figure 2- Percentage of respondents who identified a given factor as contributing to the racial disparity in infant mortality

There is a racial disparity of Black infants dying at higher rates than non-Black infants in the United States		There is a racial disparity of Black infants dying at higher rates than non-Black infants in Colorado		Higher rates of IM in Black infants are still evident even when accounting for maternal education, marital status, and income levels		Black patients that I see in my community experience higher rates of infant mortality that non-Black patients		Overall rates of infant mortality are improving, but the racial disparity between Black and non-Black infant mortality is worsening	
Agree	Disagree/Neutral	Agree	Disagree/Neutral	Agree	Disagree/Neutral	Agree	Disagree/Neutral	Agree	Disagree/Neutral
92%	8%	85%	15%	84%	16%	60%	40%	65%	35%

Table 1- Likert scale responses to assess respondent current understanding/awareness of racial disparities in IM and national trends. Responses were collapsed such that 5-7 was an "agree" and 1-4 was a "disagree/neutral."

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. This points out a possible bias that their own practices are different or better than the national/state trend
- 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

1. National Vital Statistics Report, CDC, Vol. 69, No. 7, July 16, 2020.
2. National Vital Statistics System
3. National Center for Health Statistics (NCHS) Data Brief No. 235, 2020.
4. Demont-Heinrich, C., Bol K (2008). Infant Mortality in Colorado: Trends, Disparities, and Current Research, Colorado Dept of Public Health and Environment Health Watch, Vol 66.