**Your name**

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**Why are there racial disparities in Healthcare and medical practice?**

Why are there racial disparities in Healthcare and medical practice? The research question I have chosen intrigues me because in today’s world there is implicit bias everywhere along with racial inequality. I decided to do research on implicit bias in the medical field specifically because if any field should be free of prejudice it should be this one. However, that is not the case. Historically the U.S. has had extremely inhumane and racist practices, such as the Tuskegee Syphilis Study. So, I question how much of these practices remain in medical practice and how much of it is just unintentional bias. I question why in recent years black women in America are dying from pregnancy complications where a large portion of these cases are estimated to have been preventable. Are minorities just not offered the same types of care and monitoring that white Americans are? And if so, what is the reason behind that, is it due to their health insurance and other resources or is it the people working in the field causing these disparities. These are a large portion of questions that I hope to answer when doing my research. Any conversation surrounding race will likely trickle back to social studies about where these demographics live and what their resources look like. I hope to find information that will eliminate that conversation and discuss very raw data about what factors race play in medical practice. I also hope to inquire about how the recent pandemic is heavily impacting black and brown communities and how these individuals are more likely to die due to the pandemic than any other race. Overall, I want to be able to find information from both medical professionals and databases that will provide me with some answers to my questions. I do not expect to get a clear cookie cutter answer because any topic discussing race can end up being thorough and rooted in so many different areas. My goal for this research question is to get enough insight to have an understanding of where these disparities come from and why they exist.

Adler, Nancy E., and Katherine Newman. “Socioeconomic Disparities In Health: Pathways And

Policies.” *Health Affairs*, Apr. 2002,

www.healthaffairs.org/doi/full/10.1377/hlthaff.21.2.60.

The article written by Nancy E. Adler and Katherine Newman take a dive into how socioeconomic status plays a role in access to health care and medicine. Socioeconomic disparities are juxtaposed with health disparities in this piece. Components such as education, income, and occupation are discussed when defining the pathways of such disparities. The article gives breakdowns which socioeconomic measure will play a role in racial disparities and how. Education, income and occupation are all components discussed in this article. It discusses how the resources allocated to those working lower paying jobs, or jobs that don't require a bachelor's degree typically leave an individual picking between the cost of living or the cost of health care. This article was a very beneficial read for me to really understand the root of my research question. Socioeconomic status in America is heavily tied to race and ethnical background. So, to see these social disparities discussed clearly gives me a better understanding of where racial disparities play a factor. The authors wrote an informative article and gave fact-based evidence with supporting details. Amongst each category they gave facts about attempts made to rectify the disparities and followed them up by a rebuttal, stating that more improvement is needed. The authors of this article are Nancy Elder who is a professor of psychology in the Departments of Psychiatry and Pediatrics at the University of California, San Francisco (UCSF) and Katherine Newman who is the dean of social sciences at Harvard University. "The analyses we have presented here suggest that multiple approaches are indeed needed to eliminate SES disparities in health. Since the relevant sectors operate somewhat independently, there may be less direct competition for priorities than occurs within domains, and it makes sense to push on as many fronts as possible. What is needed is a broad-gauged approach to the multiple determinants of SES disparities in health if we are to eliminate, or even greatly reduce, these disparities."

Oppel, Richard A., et al. “The Fullest Look Yet at the Racial Inequity of Coronavirus.” *The New*

*York Times*, The New York Times, 5 July 2020,

[www.nytimes.com/interactive/2020/07/05/us/coronavirus-latinos-african-americans-cdc-](http://www.nytimes.com/interactive/2020/07/05/us/coronavirus-latinos-african-americans-cdc-)

data.html.

The New York Times authors dissect data from the Centers for Disease Control to see how various demographics are affected by the COVID-19 pandemic. The data taken is from across the United States and is focused specifically around demographics of race being black, white, and latinx in urban, suburban, and rural areas. They discuss how early numbers showed that black and Hispanic people were highly susceptible to the virus at a disproportionate rate. The authors use real life examples of Hispanic and black families struggling to get medical support during the pandemic and tie that to some of the data given by the CDC. This article tackled a large portion of the discussion surrounding race and medicine. It was very clear cut, the data given was supported by statistics from the CDC as well as personalized stories from individuals who have experienced the disparities discussed. All of the authors of the article are fairly credible. All have been authors for the New York Times for years and have backgrounds in reporting data analysis. “Experts point to circumstances that have made Black and Latino people more likely than white people to be exposed to the virus: Many of them have front-line jobs that keep them from working at home; rely on public transportation; or live in cramped apartments or multigenerational homes.”

Taylor, Gabby. “Society for Maternal-Fetal Medicine.” Media, Brent Kirby - Kurb. “Equity.”

*Equity | SMFM.org - The Society for Maternal-Fetal Medicine*, 2019,

www.smfm.org/equity.

In this Society for Maternal-Fetal medicine podcast Dr. Jasmine Johnson discusses her own research on racial disparities in preterm birth. She collected data alongside colleagues to look at all live births between 2015-2017 across the United States. Dr. Johnson chose to specifically study a demographic of women who have at least 16 years of education, private insurance and were not receiving WIC benefits. In her search she found that non-Hispanic black women have a significantly higher preterm birth rate then non-Hispanic white women. They also have a disproportionately higher mortality rate. This podcast and the data collected was very compelling. Being able to hear directly from someone in the medical field talk about racial disparities shows that this is not something trivial. The demographic of the woman being researched made me skeptical of other research done on the subject. They all were middle class women with similar salaries and all from the same age group. All women being studied would defy other socioeconomic disparities and would unveil that preterm birth disparities are heavily affected by race Dr. Jasmine Johnson is a maternal and fetal medicine fellow at the University of North Carolina at Chapel Hill. “Health care providers are less likely to Respond to the concerns of black women. Black women are 22% less likely to receive epidural than white women… Black Woman are most likely to die [with] the highest pregnancy-related mortality rate ratios of 42.8 per 100k live births”

Conclusion

My goal for this research question was to get enough insight to have an understanding of where racial disparities in the medical field are rooted and why they exist. The sources that I found answered so many of the questions I had. When starting my research I knew that these disparities were very real I just was questioning why they existed. The research I did helped to give insight to why these exist as well as make me question medical practice. The articles that I came across mainly discussed socioeconomic components being a main factor in access to medicine. The health affairs article gave good examples to show how components like education and occupation will change your access to health care. And the New York Times article dissects how these components affect black and brown communities during the coronavirus pandemic. These articles helped me tie these ideas together. I gained insight on why these gaps exist and got a real life example of how it directly affects individuals and communities. These two articles provided me with a great amount of insight to understand why some people lack access to healthcare. The podcast I listened to made me further question my research thus far. The research done by Dr. Jasmine Johnson in my third source was by far the one that made me change my thinking. It made me question why black women are dying at such disproportionate rates in America and why this isn't a major issue in medicine. Research like this is extremely important because health care in America is scarce as is and the color of someone's skin cannot be a deciding factor in their right to have access to medicine. I was glad to find the answers to the questions that I had for this topic but these answers do not justify these disparities. Knowing that these answers are out there was a relief in the sense that those in the medical field are taking note that racial disparities are alive and well. However, it is also alarming because now that this information is available we need to ask ourselves what we are going to do with it. How are we going to close these gaps? My research was successful, but my follow up to this research would be what is becoming of this information and how can we set out for change in the near future.