

Race affects health care of even the smallest and youngest

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(HealthDay)—Racial segregation starts early in a child's life, with

vulnerable black "preemies" receiving worse hospital care in the United States than white, Hispanic or Asian infants, a new investigation finds.

Researchers looked at segregation and the quality of care at more than 700 neonatal intensive care units (NICUs), focusing on babies born very prematurely or with a very [low birth weight](#).

"Compared to white (premature) infants, black infants were concentrated at NICUs with lower quality scores, and Asian and Hispanic infants were concentrated at NICUs with higher quality scores," said study lead author Erika Edwards.

Edwards said the investigation was "unable to study the drivers of the segregation or differences in quality."

Still, she pointed to several potential factors, including where the infant's family lived and hospital location; type of insurance coverage; and parental immigration status.

"Insufficient" public policies governing access to high-quality obstetric, perinatal, and neonatal care may also play a role, added Edwards, a research assistant professor at the University of Vermont.

But what is not in doubt, she said, is the seriousness of the problem. Besides being "related directly" to the infant's immediate risk for death and disease, a hospital's quality of care can have long-term implications for a preemie's health prospects, explained Edwards, who also directs data science at Vermont Oxford Network.

The study involved nearly 118,000 very preterm births between 2014 and 2016. The babies were born at just 22 to 29 weeks gestation, or weighed from under 1 pound (401 grams) to a little more than 3 pounds (1,500 grams) at birth.

Of the total, more than 36,000 (31 percent) were black. Nearly 22,000 were Hispanic, almost 6,000 were Asian and close to 54,000 were white (46 percent).

Investigators reviewed "Baby-MONITOR" rankings of NICU quality of care. These ratings are based on nine measures, including risk for death while in care; risk that a premature baby would develop bacterial or fungal infections, [lung disease](#), or a collapsed lung; and risk for rapid loss of body heat (hypothermia).

They found that black preemies made up more than a third of the infants in the lowest-ranking NICUs, while constituting just a fifth of those in the highest ranking NICUs.

On the other hand, Asian and Hispanic infants were more likely than white babies to be admitted to higher-ranking facilities.

Edwards said Census data suggested that place of residence largely explains hospital admission patterns among Hispanic babies. But that factor alone does not fully explain either higher-quality care among Asian infants or lower-quality care among black infants, she added.

The study is published in the March 25 issue of *JAMA Pediatrics*.

Dr. Elizabeth Howell, co-author of an accompanying editorial in the journal, said the findings reflect a "long history of residential segregation, which has impacted housing, education, and health."

Howell is a professor of population health science and policy with the Mount Sinai Icahn School of Medicine in New York City.

She agreed with Edwards that "disparities in quality of care have a major impact on the health of the newborn, especially the babies born very

prematurely."

And such disparities "are associated with later neurodevelopmental impairments, which place these [infants](#) at a disadvantage over the life course, and perpetuate health and socioeconomic disparities," said Howell.

Going forward, Howell said it will be important to focus on obstetric services as a whole to explore the reasons for variations in care quality. Also critical, she said, will be determining whether the care provided by a single NICU differs for patients and parents depending on their racial or ethnic background.

More information: Erika M. Edwards, Ph.D. MPH, director, data science, Vermont Oxford Network, and research assistant professor, University of Vermont, Burlington; Elizabeth A. Howell, M.D., professor, department of population health science and policy, Icahn School of Medicine at Mount Sinai, New York City *JAMA Pediatrics*, March 25, 2019.

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