NICHQ National Institute for Children's Health Quality

**Insights**

# Four Steps to Address Racism's Impact on Maternal and Child Health

In the U.S., Black babies die at more than twice the rate of white babies. This means that if the Black-white infant mortality gap was eliminated, over 4,000 babies would be saved every year. Related, the racial gap is even worse for Black mothers: they die at over three times the rate of white mothers. Together, these facts make one thing abundantly clear:

## Racism, bias and oppression are affecting the health of women and children of color in the U.S.

Racism has been baked into U.S. systems and structures since enslavement, and Black families and other people of color are still suffering its consequences. As health professionals, it's vital to acknowledge that all forms of racism—institutional, personally mediated and internalized—are real, are present in health systems, and are adversely affecting the health of people of color.

“Understanding and acknowledging racism’s pervasive impact is the first step to addressing it,” says NICHQ VP of Health Equity Innovation Stacy Scott, PhD, MPA. “With this knowledge, health professionals can then reassess their own role within health systems and consider how they can help mitigate and respond to the adverse effects of racism on the families they serve. One person can’t solve a systemic problem, but there *are* impactful steps everyone can take to help address it.”

Scott recently shared these steps in a NICHQ-led training for the Ohio Department of Health’s Home Visiting Program. From practicing cultural humility to learning how to be an ally, each strategy can help those working in maternal and child health better address and respond to the effects of racism. Below, we share a summary of four key strategies.

**Step one: Acknowledge your own bias**

Everyone has biases, including health professionals. Our environment and background—what we experienced as children, what we watch on television, what we hear from friends and family—influence our subconscious learnings and create implicit biases. These biases then unintentionally impact our decisions and how we interact with others. And troublingly, evidence shows that implicit biases among health care professionals correlate with reduced quality of care.

Having biases makes us human, not bad people. But because biases can adversely affect patient care, acknowledging them is vital. Once we identify them, we can then take concerted efforts to ensure that they no longer influence our actions. To get started, check out NICHQ’s Implicit Bias Resource Guide, which includes three resources to support you in addressing implicit bias.

**Step two: Transition from cultural competence to cultural humility, from awareness to practice**

In health care, cultural competence is the ability to “provide care to patients with diverse values, beliefs and behaviors, including tailoring delivery to meet patients’ social, cultural, and linguistic needs.” Building awareness and understanding of other cultures (their beliefs and practices) can help build cultural competence, but this is just the start. Learning about other cultures is not enough because these learnings are ultimately limited: whatever we learn is influenced by personal biases, is not definite but instead part of an ongoing and changing narrative, and can never meaningfully capture the range of others’ lived experiences.

This is why cultural humility is so important. ***Cultural humility*** is a “lifelong process to evaluate your own biases, prejudices, and culture in a way that allows you to accept and understand other people as being equal to you and deserving of respect.” Cultural humility asks that we privilege the experience of each individual, understanding that everyone has a unique story and experience that transcends culture—and what we may think we know of their culture. For health care professionals, this means constantly reflecting on potential personal biases, treating each person as an individual rather than stereotyping them based on what we perceive as their cultural norms, and taking time to engage openly with each person and listen to their story.

**Step three: Understand the effects of stress on Black women**

The adverse effects of stress on health outcomes are widely accepted: chronic stress is linked to obesity, heart disease, stomach issues, and notably, preterm birth. But while everyone faces stress, only people of color face the chronic stress of racism.

Public Health Professor Arline Geronimus, ScD, coined the term *weathering* to describe the deterioration of health of Black bodies from constant mini- and macro-stressors stemming from racism. Her research found that continued exposure to chronic stressors such as racism made individuals more prone to diseases and worse health outcomes. For Black women forced to endure multiple levels of racism—institutional, personally mediated, and internalized—chronic stress is unavoidable.

Given that chronic stress is linked to poor birth outcomes, including preterm birth, the stress of racism can help explain why Black mothers and babies are dying at a higher rate than white babies. Understanding this is critical for health professionals because it can and must inform approaches to care for Black pregnant mothers.

**Step four: be an ally, not a savior**

When health professionals approach mothers from a “savior” or “top-down” position, they are more likely to harm than help. By assuming superiority, the “savior’s” ideas and perspective are automatically privileged over those whom they seek to serve. In these cases, mothers are given instructions that don’t take their opinion into account and are treated without empathy for their unique situation and circumstances.

Being an ally is very different than being a savior. An ally seeks to empower rather than command, to give up space rather than assign space, to ask rather than assume. To be an ally, health professionals should always:

1. Consider a woman’s individual needs, and provide patient-centered, unbiased, culturally appropriate, safe, evidence-informed interventions
2. Deliberately and intentionally place yourself in position of support, rather than in a position of savior. Work to understand the historical and current forms of trauma families may be experiencing.
3. Recognize the power you have in your position to help amplify the voices of the unheard. Help identify resources and remove obstacles, if possible.
4. Empower women and families to find, evaluate, and access the resources and services they need.

“Please remember that when being a white ally, the best intentions can go awry, especially when confronted with racism,” says Scott. “To be an ally, you need to push past white fragility, acknowledge racist activities, and take responsibility for eliminating them. Addressing racism is an ally’s burden.”

Together, these four steps—acknowledging bias, transitioning to cultural humility, understanding the effects of stress, and being an ally—can help health professionals better combat the

persistent effects of racism on our health systems.

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