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Title: Healing Hands: Amplifying Black Healthcare Provider's Impact on America's Maternal Mortality Crisis

Research Priority: Health Equity

Introduction

Amidst the dire landscape of maternal health disparities and the profound challenges within maternal healthcare for Black women in America, there is a need for critical exploration beyond the conventional discussions of mortality and morbidity during childbirth. The perinatal journey of Black mothers must be studied to unravel the dynamic relationship between their health outcomes and the scarcity of Black healthcare practitioners, notably physicians. Through this lens, the multifaceted repercussions of the insufficient representation on the well-being of Black mothers can be illuminated. Historical factors contribute to systemic biases in maternal healthcare quality and outcomes for Black mothers. Despite constituting 13% of the U.S. population, Black physicians represent a mere 5% of the healthcare workforce, a stark reality fueled by systemic barriers to medical education and the medical profession (Howard, 2023).

Over the years, various ways in which racism adversely affects maternal health have been recognized. This research concentrates on the obstacles to quality healthcare that Black women encounter due to an inadequate supply of Black physicians capable of offering them culturally concordant care as fellow Black individuals. Shifting the attention to the critical role of healthcare provider diversity in the fragile patient-physician relationship, this Capstone illustrates the positive impact of increasing the number of African American physicians. For the systematic review conducted in this capstone project, the predetermined criteria for selecting relevant publications were based on their purpose and scope in relation to the topic of racial disparities in maternal healthcare or the disparity of Black physicians in America. The quality assessment of these publications focused on evaluating how well the studies were designed, conducted, and reported, and their ability to provide relevant data. Data extracted from each study included information and statistics necessary to calculate and compare rates of infant or maternal mortality or morbidity, as well as the number of Black and underrepresented minorities in medicine at different phases of academia leading to becoming a physician. Additionally, the timing of the study and the uniqueness of the information and data collected were considered in the assessment process.

This capstone project delves into the intersection of racial disparities in maternal healthcare and the lack of physician diversity - specifically Black healthcare providers, aiming to answer the question: ***What is the impact of Black healthcare providers on America's maternal mortality crisis, and how does the diversity within the physician workforce influence the quality of maternal healthcare for Black women?*** The thesis of this study contends that by examining the contributions of Black physicians, identifying barriers to education and training for Black individuals pursuing healthcare professions, and advocating for policy measures to address racial disparities in maternal healthcare, America can effectively mitigate the maternal mortality crisis affecting Black women in the United States. Through a comprehensive meta-analysis of existing literature, this research endeavors to illuminate effective strategies to amplify the impact of Black healthcare providers and ultimately improve maternal health outcomes for Black women.

Overview of Racial Disparities in Maternal Mortality

Examination of Historical Factors Contributing to Systemic Biases

Exploring the historical determinants in U.S. history that contribute to systemic biases is crucial for comprehending the roots of healthcare disparities experienced by Black individuals in America (Taylor J. K., 2020). Reproductive oppression serves as a poignant example deeply ingrained in historical instances, illustrating systemic racism within the U.S. healthcare system. A demonstrative case is the exploitation of enslaved Black women's bodies in the establishment of obstetrics and gynecology (Taylor J. K., 2020). During the antebellum period, the insidious practice of "forced-mating" was a crucial element of reproductive control, immortalizing the subjugation of enslaved women (Taylor J. K., 2020). These acts extended to sexual exploitation, sterilization, and eugenic control, all contributing significantly to the oppression of Black women (Taylor J. K., 2020). Notably, there were no protective laws for enslaved women against these atrocities imposed by slave owners. Practices such as the imposition of birth control on low-income Black women, often as a prerequisite for social welfare programs, have had lasting impacts (Taylor J. K., 2020).

The dismissal of Black women's pain further compounds the issue of reproductive control, contributing significantly to the alarming state of maternal health among Black women (Taylor J. K., 2020). The control over Black women's reproductive rights, established during enslavement, stands as an early template for reproductive control (Taylor J. K., 2020). Examining these historical factors unveils the intricate role of systemic racism—an overarching system where public policies, institutional practices, and cultural representations collaboratively perpetuate racial inequities. This systemic bias continues to influence the quality of care that Black women receive in the U.S. healthcare system today.

Since 1619, with the arrival of the first enslaved Africans in America, through the intentional shortcomings of Reconstruction, the era of Jim Crow, the Civil Rights Movement, and beyond, prejudiced beliefs about Black people have been institutionalized in laws and the policies and practices of social institutions (American Public Health Association, 2020). Systemic racism encompasses the exhaustive ways in which societies sustain racial discrimination through mutually reinforcing systems, impacting various aspects such as housing, education, employment, media, health care, and criminal justice (American Public Health Association, 2020). These systems, reflecting historical and cultural biases, reinforce discriminatory beliefs, values, and resource distribution across interconnected institutions.

The lack of equitable access to high-quality healthcare is attributable to these systemic frameworks, encompassing various dimensions of American history and culture, which perpetuate privileges associated with "whiteness" and disadvantages linked to "color" (Taylor, 2020). Addressing systemic racism targeted at the Black community can contribute to alleviating inequalities that generations of African Americans have endured through the impact of racist practices embedded in systems such as U.S. healthcare (American Public Health Association, 2020). Although racism affects all people of color, the distinct 400-year history and continued perpetuation of Black racial subjugation in the United States are undeniable (American Public Health Association, 2020). This decades-long history of mistreatment, experimentation, and

exploitation by the medical establishment persists, resulting in inferior treatment practices and substandard medical care, particularly evident in maternal health today.

How Institutional Racism Manifests in Maternal Healthcare

The medical profession has been intertwined with the institution of slavery since its inception. This deeply ingrained systemic bias has significantly influenced maternal health outcomes within the U.S. healthcare system. The experience of Black motherhood is directly intertwined with the historical network of oppression, shaping contemporary treatment across the industry (Tobin-Tyler, 2022). The use of ethnocentric bias by physicians in various incidents in American history have contributed to the distrust of medical practitioners within Black communities, significantly influencing how these communities perceive healthcare and the provider-patient relationship. Black motherhood and maternal health have endured centuries of challenges.

Medical mistreatment for Black mothers is shaped by stereotypes, conserving biases among healthcare providers. Stereotypes portraying Black motherhood as neglectful, aggressive, and super reinforce misguided beliefs that Black women experience less pain and require less care (Tobin-Tyler, 2022). Despite the numerous instances of unethical practices targeting Black communities that have occurred, including the excruciatingly painful experimental surgeries performed on enslaved Black/African American women without anesthesia, such stereotypes continue to impact Black women today (American Public Health Association, 2020).

Highlighting the extensive history of medical exploitation, it is important to acknowledge that numerous groundbreaking surgical techniques were developed through experiments conducted on the ailing bodies of enslaved women, subjecting them to repeated trials until either a cure or death occurred (American Public Health Association, 2020).

The progression of gynecology from the era of American slavery underscores the enduringly delicate connection between Black individuals and the field along with its practitioners. This trepidation not only disempowers Black mothers during their birthing experiences but also deepens their estrangement from a healthcare system that has long disregarded their voices. Recognizing the significance of culture in healthcare is crucial. Culture- encompassing the integrated pattern of human behavior, including thoughts, communications, actions, customs, beliefs, values, and institutions of a racial, ethnic, religious, or social group- holds relevance for ethnic minority patients in the United States (Owens, 2019). This context is especially notable as these patients often find themselves in race-discordant relationships with physicians (Cooper, 2003).

The research conducted by The Institute of Medicine on the overall impact of racial and ethnic concordance in the physician-patient relationship highlighted the important connection between race/ethnic concordance and the participatory decision-making (PDM) style of the patient (Cooper, 2003). More recently, Schut's study on racial disparities in provider-patient communication echoed those patients engaged in race-concordant relationships with their physicians, who consistently rated their physicians as significantly more participatory compared to patients in race-discordant relationships (Schut, 2021). Notably, in these studies, Black respondents with Black physicians were more inclined to rate their physicians as excellent across various aspects, including overall satisfaction, respectful treatment, clear explanations of

problems, attentive listening, and accessibility (Cooper, 2003); (Schut, 2021). Both studies viewed the notable differences in the communications with patients from diverse socioeconomic groups, specifically, patients from lower-class backgrounds who appeared hesitant in asking questions, not due to a lack of interest in medical matters, but rather because the social distance between them and their physicians discouraged verbal assertiveness (Cooper, 2003; Schut, 2021).

The inadequacy of healthcare provider diversity exacerbates the impact of the Maternal Mortality Crisis in the U.S., affecting Black mothers and babies (American Public Health Association, 2020). Systemic racism ingrained in maternal healthcare further compounds this challenge by influencing the underrepresentation of Black doctors (Cooper, 2003). Black individuals encounter barriers in entering and receiving proper training to become physicians, contributing to the scarcity of Black healthcare professionals in the field. This dearth of representation not only hinders the diversity of the healthcare workforce but also perpetuates the disparities in maternal healthcare experienced by Black women (Takeshita, et al., 2020). Moreover, the absence of Black physicians limits the potential positive impact of race concordance on Black patients, as they are not afforded the experience of having a healthcare provider who shares their racial background, further contributing to the existing disparities (Schut, 2021). Increasing the quantity and proportion of African American physicians has the potential to improve communication between patients and physicians and improve existing inequities in maternal healthcare for African Americans (Rao, 2007).

Recognizing the impact of historical factors is imperative for devising interventions that target the root causes of disparities and pave the way toward a more equitable maternal healthcare system for Black mothers (Taylor, 2020). Addressing these historical inequities can cultivate a healthcare environment that prioritizes the well-being of all individuals, irrespective of their racial or ethnic backgrounds. It is crucial to educate healthcare providers about this racist history and implement tangible measures to address their personal biases, fostering trust with Black patients. With the United States having the highest maternal mortality rate among developed countries (Tikkanen, 2020), surpassing ten times the rates of some other high-income countries such as Australia, Austria, Israel, Japan, and Spain, which all hovered between 2 and 3 deaths per 100,000 in 2020 (Simmons-Duffin, 2023), it is important to revisit, create, fund, and advocate for new policy interventions that wield significant influence over the structural racism embedded in the maternal healthcare experiences of Black women.

The Role of Healthcare Providers

The Pivotal Role Physicians Play in Healthcare Experience

The foundation of trust in the patient-physician relationship is contingent on the physician's commitment to "universalism," which emphasizes treating all patients equally without consideration of specific attributes or ascribed traits (Procter, 2008). Without universalistic patient care, suspicion and caution may overshadow trust and confidence in the relationship (Cooper, 2003). Black individuals, when given the freedom to choose their physician, tend to prefer physicians who share their racial or ethnic background (Greenwood, 2020). This preference may be attributed to increased cultural sensitivity from race-concordant physicians

and a greater alignment of cultural values, beliefs, and experiences between ethnic minority patients and physicians (Cooper, 2003; Schut, 2021).

van Ryn (2002) reviewed providers' roles in contributing to racial and ethnic disparities in healthcare disclosing that provider beliefs about patients and their behavior during encounters are independently influenced by a patient's race/ethnicity. van Ryn (2002) emphasized the significance of reciprocity in the patient-physician relationship, considering the impact of patient expectations and judgments of physicians, contextualized within sociodemographic factors like age, gender, and social class (van Ryn, 2002).

Additionally, scholarship on race-concordant patient-provider relationships can enhance our understanding of cultural competence constructs (Cooper, 2003). Physicians conduct numerous medical interviews with minimal formal training in communication skills. Each conversation is wrapped in emotion handling, recognizing psychological issues, and adopting a problem-solving approach, all without an increase in the overall duration of medical visits (Cooper, 2003; Schut, 2021). Therefore, cultural connection is not merely a symbolic aspect, but a crucial determinant of quality of care.

Effective communication, stemming from shared cultural understanding, builds trust, influences healthcare decision-making, and plays a pivotal role in planning interventions that positively shape the patient's overall health outcomes. The current US healthcare system's disparities in patient-centered communication, reveal that physicians provide less information, less supportive communication, and less proficient clinical performance to Black patients, and those from lower economic classes, compared to their more advantaged counterparts (van Ryn, 2002).

Additional studies revealed that physicians tend to hold more negative perceptions of African Americans and individuals from lower socioeconomic status (SES) groups across various dimensions compared to whites and higher SES patients. A study from the Institute of Medicine found that ethnic minority, low-literacy, and low SES patients experience lower levels of patient-centered communication and greater verbal passivity with physicians than whites and patients with higher education levels (Cooper, 2003; Shen, 2018). The impact of social class on how patients present themselves and articulate their problems holds significance for the medical treatment they receive (Shen, 2018).

Due to the higher likelihood of African American patients being in race-discordant relationships with physicians compared to white patients, they experience shorter visits, less positive affect, and a lower perception of participatory decision-making. For instance, African American patients were often perceived as less intelligent, more prone to high-risk behavior, and less likely to adhere to medical advice (Schut, 2021). This pervasive disparity and bias in healthcare can lead to the dismissal of valid symptoms and concerns, impacting the treatment process, causing trauma, and disempowering Black women during critical moments in their lives.

Within the maternal healthcare landscape, the influence and power of physicians are particularly noteworthy, differentiating their impact from other healthcare professionals such as nurses, midwives, physician assistants, and doulas. Although the entire healthcare team is important to the mother's birthing experience, physicians, especially those who are Black, bear a unique responsibility and hold significant power in shaping the quality of critical care for mothers during childbirth. The complexity of medical decision-making in situations involving life-

threatening complications during pregnancy, labor, or delivery, including emergency interventions such as cesarean sections, underscores the pivotal role of physicians in ensuring positive maternal outcomes (Cooper, 2003; Schut, 2021). The distinct expertise and authority that physicians bring to these high-stakes scenarios contribute to the overall healthcare experience and play a crucial role in addressing maternal health disparities, particularly for Black mothers, underscoring the critical impact of provider-patient relationships on maternal care and outcomes and highlighting the urgent need to address disparities in physician diversity to enhance communication and quality of care for Black women. This expansion enhances patient identification with their physician and gives Black patients the opportunity to cultivate shared perceptions and perspectives on health.

Provider-Patient Relationships Impact Maternal Care and Maternal Outcomes

Twenty-two percent of Black women avoid doctor visits due to gender-based discrimination, while a similar percentage of Black Americans expressed avoidance due to fears of racial discrimination (Tobin-Tyler, 2022). Implicit biases in maternity care for Black women are magnified in provider-patient encounters, rooted in a historical context of stereotyping, dismissing, and undervaluing Black mothers. The "Listening to Mothers" study in 2018 revealed that Black women were more likely than their white and Latinx counterparts to report discrimination during maternity care and birthing experiences, with many recounting instances of not being believed when expressing pain (Tobin-Tyler, 2022). There is a positive impact on infant mortality with racial concordance, as demonstrated by Creanga's (2014) study on the performance of racial and ethnic minority-serving hospitals on delivery-related indicators (Creanga AA, 2014). This research underscores survival rate disparities between Black and white newborns during childbirth, proposing that addressing these differences may be achieved through racial concordance between physician and newborn (Creanga AA, 2014). When Black newborns are attended to by Black physicians, the mortality gap they experience, compared to white infants, is significantly reduced, particularly in more complex cases and hospitals with a higher volume of Black newborns (Creanga AA, 2014).

While this suggests a potential correlation, it remains unclear whether a similar positive effect exists for maternal mortality and morbidity among Black mothers and their Black physicians, as specific research in this context is lacking. Understanding that provider-patient relationships are positively influenced by race concordance, particularly between Black mothers and Black physicians, further reinforces the need for exploration of this correlation. However, conclusive evidence regarding the existence of racial concordance between Black physicians and Black mothers in the specific context of maternal mortality requires additional research. The detailed interplay between provider-patient relationships, cultural competency, and Black physician's impact on maternal care and outcomes necessitates a more in-depth exploration to guide strategies for addressing healthcare disparities by promoting equity in the physician workforce diversity. As ethnic groups are projected to comprise 40% of the U.S. population by 2035 and 47% by 2050, this underscores the urgency for healthcare providers, systems, and policymakers to adapt care to meet the diverse cultural and linguistic needs of this growing population (Cooper, 2003; Schut, 2021).

The Impact of Black Physicians

Contributions of Black Physicians

While research underscores the positive impact of racial and gender alignment between patients and healthcare providers on patient experiences, the stark reality remains that Black physicians constitute only 5% of the healthcare workforce, while Black Americans make up 13% of the U.S. population. (Tobin-Tyler, 2022). Persistent stereotypes about Black women, particularly mothers, contribute to an insensitive medical system that labels them as non-compliant or difficult, further straining their relationship with healthcare providers and jeopardizing their health. Explicit bias exists, but scholars argue that implicit anti-Black biases in healthcare are more widespread and insidious (Staton LJ, 2007). This leads to unintended and sometimes unconscious discrimination by physicians, contradicting their explicit intentions to provide excellent care regardless of patient race or ethnicity (Tobin-Tyler, 2022).

Cultural competency, a cornerstone of effective healthcare, takes on a profound dimension when considered in the context of Black physicians providing care to Black patients. The inherent racial concordance and shared lived experiences between Black physicians and Black mothers create a natural foundation for cultural competency. This unique alignment not only enhances communication and rapport through trust and understanding, but also empowers Black mothers to actively engage in their healthcare decisions, ultimately leading to improved maternal health outcomes (Schut, 2021).

Research shows that individuals who consult doctors of the same race are more likely to opt for preventive care services, including invasive procedures (Fleisher, 2019). Though policymakers seek to expand preventive care to vulnerable populations, it will not matter if Black people do not visit with a doctor they trust. Black physicians play a significant role in the medical field, with one of the most notable impacts being the rise in Black patients seeking care and openly discussing their health concerns when they encounter a physician of the same race. A county-level health data study conducted by the Health Resources and Services Administration found that, on average, a 10% rise in the presence of Black primary care physicians was linked to an extended life expectancy of 30.6 days for Black individuals (Peek, 2023). Patients under the care of racially concordant physicians exhibit a greater inclination to consent to screenings and express concerns, suggesting potential benefits in reducing health disparities. Moreover, there is evidence of a direct correlation between health and wealth, showcasing that representation in healthcare leads to better health and fewer medical bills (Hall, 2021).

A cross-sectional analysis from the Press Ganey Outpatient Medical Practice Survey lends additional support to the clinical advantages associated with racially concordant patient-physician interactions. It revealed improvements in communication, patient care, and outcomes, underscoring the necessity for robust support in the training of underrepresented minority medical students and residents (Takeshita, et al., 2020). Notably, Black patients receiving care from white or Asian physicians tended to rate their physicians less favorably, underscoring the crucial importance of racial/ethnic concordance.

When applied to the context of maternal mortality, the rise of racially concordant physicians assumes a pivotal role in addressing the gap that disproportionately affects Black women in the U.S. maternal healthcare system. Here, the disconnect, unwillingness from a non-Black

physician or healthcare team, neglect, or lack of personal responsibility often contribute to the inequitable experiences of Black patients, resulting in high maternal mortality and morbidity rates persisting for the past two decades (Associated Medical Schools of New York, 2020). Enhancing physician workforce diversity and delivering healthcare with cultural sensitivity in racially/ethnically discordant patient-physician interactions emerge as imperative steps toward addressing disparities in maternal care and outcomes (Takeshita, et al., 2020). Beyond their contribution to cultural competency, there are many Black Physicians who have played a significant role in the history of healthcare and medicine such as Daniel Hale Williams III, MD one of the first people to successfully perform open-heart surgery; Marilyn Hughes Gaston, MD who published a groundbreaking study that led to the creation of a national sickle cell disease screening program for newborns; and William A. Hinton, MD who created a new blood test for diagnosing syphilis that was adopted by the U.S. Public Health Service (American College of Healthcare Executives, n.d.).

Their groundbreaking achievements extend beyond the health benefits for individuals within the Black community, highlighting the positive impact achievable when aspiring Black physicians overcome systemic barriers to enter the medical field. Despite ingrained obstacles in educational and healthcare systems designed to exclude them, these achievements prompt contemplation of the innovative inventions, health solutions, and cures that might be conceived by aspiring Black physicians. The question arises: *is it justifiable to hinder these potentially brilliant minds from contributing to the field and saving countless lives, solely based on their race?*

How Black Educators Inspire an Increase in Physician Diversity

A study by Johns Hopkins University (2021) reveals the significant positive impact of racial concordance in education. The research demonstrates that low-income Black students with at least one Black teacher in elementary school exhibit a higher likelihood of graduating from high school and considering college (John Hopkins University , 2021). The study found that having a Black teacher in 3rd through 5th grades substantially reduced the probability of dropout for Black students by 29%, and for very low-income Black boys, this reduction was even greater at 39% (John Hopkins University , 2021). Moreover, the findings highlight that spending just one year with a teacher of the same race positively influences educational outcomes, narrowing the persistent gaps in educational attainment (John Hopkins University , 2021). This evidence supports the notion that racial concordance, whether in education or healthcare, can play a crucial role in improving outcomes for Black individuals.

Additional research conducted by Young (2020), found that Black women teachers (BWTs) play a crucial role in addressing both the educative and socioemotional needs of students, particularly benefiting Black girls who encounter specific challenges in U.S. public schools. These teachers, equipped with experiential and professional knowledge, contribute to mitigating challenges such as the school-to-prison pipeline. Through ethnically and gender-matched mentorship and academic support, BWTs aim to reverse negative trends and provide crucial support for Black girls in K-12 classrooms (Young, 2020). Additionally, BWTs offer substantial instructional support to all students, adopting a culturally responsive lens in the learning process, with notable effectiveness, particularly for Black students (Young, 2020).

The issues faced by Black girls in education, such as being perceived as insubordinate or facing challenges when expressing their concerns, parallel the struggles that Black women encounter in healthcare settings (Young, 2020). This resemblance is evident in the tendency to dismiss or overlook the voices of Black women, whether it be in educational institutions or healthcare facilities. In education, the impact of these challenges can shape the future trajectory of a student's life. Similarly, in healthcare, such dismissals may have critical consequences, influencing the health and well-being of Black mothers and their babies. The study underscores the urgent need for targeted policies to increase diversity in U.S. physicians, ensuring a more inclusive healthcare workforce that can address the unique experiences of Black women. Research unequivocally demonstrates the positive impact of Black teachers on Black female students. Analogously, the instructional support provided by Black women teachers extends to all students. Drawing a parallel in the healthcare domain, the diversification of physicians with Black representation promises enhanced care across diverse racial backgrounds. While the benefits of Black physician diversity extend to the broader population, the urgency is pronounced in addressing the disproportionately high mortality rates among Black women. Ensuring equitable experiences and averting maternal morbidity or mortality cases necessitate an increased presence of Black doctors caring for Black patients.

Leveraging insights from research affirming the positive influence of Black women teachers on the academic success of Black girl students, alongside evidence highlighting the beneficial impact of racial concordance in Black physicians on infant mortality and the enhanced quality of care within physician-patient relationships, draws parallel reasoning for advocating increased physician diversity. Specifically, the inclusion of more Black doctors has the potential to elevate the standard of care for Black patients, thereby addressing critical issues in maternal healthcare in the United States. However, the attainment of these essential benefits relies on the effectiveness of initiatives aimed at recruiting, preparing, supporting, and training Black individuals pursuing careers as physicians, coupled with the removal of barriers specific to education and training for Black individuals who aspire to careers in the healthcare profession.

Black Physician's Specific Contribution to Improved Maternal Health for Black Mothers

Research consistently demonstrates the significant contribution of Black physicians to improved healthcare outcomes of Black patients. This phenomenon holds important implications for the overall improvement of health statistics among Black mothers, with their pivotal contribution of decreasing maternal mortality rates among Black mothers, being summarized by their (1) cultural competence, (2) trust and relationship building, (3) desire to address disparities in care and (4) ability to overcome stereotypes and biases.

Black physicians often bring cultural competence and a nuanced understanding of the unique challenges faced by Black mothers. This cultural awareness facilitates more effective communication and personalized care. Trust is a critical factor in healthcare, and Black physicians often excel in establishing trustful relationships with Black patients. This trust can lead to increased patient engagement, adherence to medical advice, and better overall health outcomes (Cooper, 2003). Black physicians are more attuned to addressing healthcare disparities that disproportionately affect Black mothers. Their advocacy for equitable and comprehensive care helps mitigate existing disparities in maternal health. Black physicians can navigate and

challenge systemic biases and stereotypes that may impact the quality of care provided to Black mothers. Their presence in healthcare settings contributes to a more inclusive and unbiased healthcare environment.

Acknowledging that not all Black physicians share the inclination or capability to address disparities in healthcare or overcome stereotypes and biases is essential. Like anyone else, they are human beings, and these abilities are profoundly influenced by their upbringing, life experiences, and self-perception. A recent incident involving Dr. Jackie Walters from Bravo's reality show "Married to Medicine" exemplifies how even within the Black medical community, there can be perpetuation of harmful stereotypes (Asare, 2023). Dr. Jackie's comments, suggesting that African American women are more dramatic and may not be taken seriously during pregnancy, underscore the complexity of addressing disparities solely through diversity initiatives (Asare, 2023). Drawing a parallel to discussions on Black-on-Black crime, where systemic racism is recognized as a root cause, it becomes evident that negative implicit biases among some Black physicians may result from their environment and experiences, further exacerbated by systemic biases within medical education (Taylor Z. , 2020). While acknowledging the limitations of diversity alone, it is undeniable that increasing the number of Black physicians presents an opportunity to improve statistics, particularly in critical areas like the maternal mortality crisis. Although complete resolution may not be attainable, enhancing diversity within the medical profession can undeniably lead to improved statistics, thereby saving lives.

Efforts to address implicit biases and promote cultural competency must align with broader systemic changes for equitable healthcare outcomes. However, in the realm of obstetrics and gynecology, there are Black physicians actively addressing the historical disparities in healthcare experienced by Black women in America. Recognizing the need for tailored and compassionate care, Black doctors are taking proactive steps to reclaim their community's health through telemedicine. One notable initiative, "Our Culture Care," connects Black women with the healthcare they need and deserve. Patient testimonials reflect the positive impact of this initiative, with individuals expressing gratitude for the understanding and validation they receive from Black doctors. Testimonials such as "This was my first experience, and it was everything I've been looking for..." and "OMG! I felt so heard and that my questions are valid..." underscores the importance of culturally competent care in creating a space where patients feel seen, heard, and valued (Culture Care, 2024). The enthusiastic response, as seen in comments like "LOVED IT! I think this service is super necessary and useful," highlights the significance of initiatives like "Our Culture Care" in addressing healthcare disparities and fostering a sense of empowerment within the Black community through telemedicine.

While existing research suggests a positive association between the presence of Black physicians and improved maternal health outcomes for Black mothers, it is crucial to emphasize the need for further investigation to substantiate these hypotheses. For example, exploring the potential impact of increased representation of Black physicians on preterm birth rates among Black mothers could be a valuable avenue for future research. Similarly, the idea that Black physicians may contribute to a reduction in complications during childbirth for Black mothers utilizing large-scale healthcare databases, presents a promising area for further exploration. Investigating

the replicability of these findings and establishing a more comprehensive understanding of the potential impact could be essential for future research endeavors. Future research focused on the impact of increased Black physician representation could contribute to more inclusive research, effective interventions, and enhanced healthcare experiences, ultimately working towards improved health statistics for Black patients, particularly in the realm of maternal health.

Considering the potential benefits of increased physician diversity in improving maternal health outcomes, it is imperative to advocate for and foster a more diverse medical workforce. The expansion of physician diversity not only provides a broader pool of practitioners to gather data but also holds the promise of positively influencing the overall landscape of maternal healthcare. By fostering an environment where Black physicians can build unique, trusting relationships with Black patients, the research suggests a pathway to mitigating the deadly statistics associated with the Black maternal mortality crisis. The findings underscore the potential for transformative change in maternal healthcare through increased diversity, fostering a healthcare landscape that is more culturally competent, inclusive, and ultimately lifesaving for Black mothers in America.

Barriers to Education and Training of Black Individuals Pursuing Healthcare Professions

The unjust barriers hindering the education and training of Black individuals pursuing healthcare professions result in a decrease in physician diversity. This decrease not only exacerbates disparities in maternal healthcare for Black mothers but illuminates the current challenges towards increasing diversity. Obstacles hindering the education and training of Black individuals pursuing healthcare professions include financial constraints, limited knowledge about medicine, insufficient encouragement at home or in school, negative peer attitudes toward academic excellence, and the absence of Black role models as major impediments (Rao, 2007). The 2007 Qualitative Inquiry Study emphasizes the importance of augmenting the number of African American physicians to improve patient-physician communication and relationships (Rao, 2007). Additionally, examining disparities in medical school admissions, educational resources, and mentorship opportunities highlights the underrepresentation of African Americans in medicine (Rao, 2007).

Students expressed the belief that increasing the number of African American physicians could enhance patient-physician communication and relationships, emphasizing the need for greater exposure to medicine in schools, guidance from a younger age, and increased availability of role models (Rao, 2007). With African Americans representing only 4.4% of all U.S. physicians and surgeons in comparison to the proportional ideal ratio of 2180 Black physicians per 100,000 people, the statistics reveal the importance of achieving diversity in the physician workforce for high-quality medical education and improved healthcare access for underserved populations (Rao, 2007).

The numerous barriers that impede the educational and training paths of Black individuals aspiring to enter healthcare professions is particularly evident in standardized testing, which has a historical association with racism, posing a challenge for the inclusion of Black and other underrepresented minorities in medicine and hindering their successful matriculation and training to become physicians. A Stanford University study revealed that underrepresented in medicine

(URIM) students experience a higher decline in interest in pursuing pre-medical studies after the initial two years of college compared to their white and Asian peers (Barr, 2008). First-generation minority and low-income students face numerous challenges in their college journey, including financial, academic, and social barriers (Associated Medical Schools of New York, 2020). Being the first in their families to navigate college admission, financial aid, and coursework presents unique challenges, and these students often find themselves navigating their undergraduate degrees independently, lacking guidance from parents unfamiliar with the higher education system (Associated Medical Schools of New York, 2020). Additionally, the expenses associated with the medical school application process pose a substantial deterrent for prospective Black medical students, with a recommended budget ranging from \$5,000 to \$15,000 (Associated Medical Schools of New York, 2020). Access to medical school is a financial hurdle specifically for aspiring Black students as they are disproportionately burdened by higher pre-medical school debt (Associated Medical Schools of New York, 2020). Many Black students expressed concerns about their ability to afford the high tuition associated with medical school. They also perceived securing the grades required for scholarships as challenging, intensifying the daunting nature of financing higher education. Furthermore, students believed that physicians frequently accumulate debt and spend a significant portion of their careers repaying loans (Rao, 2007). Financial challenges create barriers that particularly impact students from underrepresented backgrounds, contributing to the limitations in physician workforce diversity across specialties and geographic locations (Associated Medical Schools of New York, 2020).

Accountability Measures- What Can be Done?

Fostering a more diverse and culturally competent healthcare workforce is essential for creating a healthcare system that recognizes and addresses the specific needs of Black women and other women of color, reducing the impact of bias and racism. Focusing on increased representation of Black students in medicine, involves a multifaceted approach. Initiatives such as Pre-Health Advisor Training, targeted Physician-Student Interactions, Application Preparatory Classes, Post-Baccalaureate Programs, and the establishment of Mentoring/Peer Groups play crucial roles (Associated Medical Schools of New York, 2020). Additionally, fostering opportunities through Medical School Early Assurance Programs and BS/MD Programs/Direct Medical Programs (DMP) can significantly contribute to cultivating a more diverse and inclusive physician workforce. These strategic interventions collectively aim to address the barriers faced by Black students pursuing medical careers and promote sustained efforts towards greater representation (Associated Medical Schools of New York, 2020).

Historically Black Colleges and Universities (HBCUs) play a crucial role in addressing the disparities in physician diversity by fostering the next generation of Black healthcare professionals (Norris, 2009). Increasing the number of HBCU medical schools and augmenting their funding is imperative to bolstering the representation of Black physicians in the medical field. Currently, only four other HBCUs host medical schools, collectively producing more than half of all Black doctors (Harrison, 2023). Morgan State University and Xavier University of Louisiana are set to join this cohort, becoming the fifth and sixth HBCUs to establish medical schools, respectively (Harrison, 2023). These institutions offer Black medical students a supportive environment conducive to their academic and personal growth, instilling in them a

heightened sense of belonging and confidence (Norris, 2009). With Morgan State aiming to enroll 125 students in its medical school in Fall 2024 and Xavier slated to launch its program in 2025, the expansion of HBCU medical schools presents a promising avenue for increasing the number of Black student doctors and ultimately diversifying the physician workforce (Harrison, 2023). Therefore, it is imperative to advocate for the expansion of HBCU medical schools and the allocation of increased funding. These measures are crucial for augmenting the number of seats in medical school classes, ultimately leading to a rise in the number of Black student doctors and, consequently, Black physicians.

Additionally, solutions to the disparities in physician workforce diversity, include the removal of economic barriers. Tailored solutions should concentrate on scholarship and financial support, as well as funding and grants. Establishing scholarship programs explicitly designed for Black students can play a pivotal role in alleviating the financial challenges associated with medical education. These scholarships should encompass tuition, living expenses, and other related costs, ensuring that qualified individuals are not dissuaded from pursuing a career in medicine due to financial constraints. Additionally, the implementation and promotion of more accessible and well-advertised loan forgiveness programs for medical doctors, especially targeted toward Black students upon completing medical school and entering residency, can further empower them to commence their medical practice and contribute to their communities without the burden of overwhelming student debt.

Supporting Black-led healthcare initiatives is crucial for promoting diversity in the healthcare workforce. Encouraging Black youth interest in healthcare is a key step in addressing workforce diversity disparities. Initiatives should focus on exposing middle and high school students to the medical field through mentoring, academic enrichment programs, and extracurricular activities. Providing mentorship and guidance programs can counteract the scarcity of African American physician role models, offering students valuable insights into the medical profession and fostering their aspirations. Allocating funding and grants to organizations that focus on mentorship, educational outreach, and community engagement can help create a supportive ecosystem for aspiring Black healthcare professionals. Additionally, encouraging research on racial disparities within the medical field is essential for understanding the root causes of underrepresentation and developing targeted interventions.

Establishing robust monitoring and reporting mechanisms within healthcare institutions is vital for holding them accountable for diversity and inclusion. These mechanisms should track the recruitment, retention, and advancement of Black physicians, ensuring transparency and identifying areas that require improvement. Furthermore, evaluating diversity and inclusion policies can help healthcare organizations assess their effectiveness and make necessary adjustments to foster a more inclusive environment.

Implementing cultural competency programs is essential for preparing healthcare providers to meet the diverse needs of their patients. These programs should focus on enhancing providers' understanding of cultural differences, dismantling stereotypes, and fostering inclusive healthcare practices. Additionally, specialized training should be provided to healthcare professionals to better understand and address the unique needs of Black mothers, especially in maternal care.

Dismantling stereotypes in maternal care is vital for reducing disparities in healthcare outcomes for Black mothers. Advocacy efforts should aim to challenge biased perceptions and ensure that healthcare providers approach maternal care without preconceived notions. Eradicating the structural racism, economic inequality, and bureaucratic indifference that impact the physician workforce necessitates not only the enforcement of current laws and the creation of new ones but also investment in systems and services that promote health throughout one's life (Tobin-Tyler, 2022). Recognizing the importance of cultural competence and integrating it into medical practices can contribute to a more inclusive and equitable healthcare system. Ongoing education and advocacy initiatives should emphasize the significance of understanding and addressing the cultural and social factors that impact healthcare outcomes.

Implicit bias training and other shifts in medical culture present an opportunity for legislators to ensure accountability within systems for both individual and systemic discriminatory practices resulting in racially disparate outcomes. To achieve accountability, health systems must actively collect and disclose pertinent data based on race, establishing enforceable measures for acceptable conduct standards. Regularly gathering this information, aligning it with federal quality metrics and/or value-based payment mechanisms, and mandating transparency to the public can serve as incentives for hospitals and healthcare systems to reform their practices (Tobin-Tyler, 2022).

Promoting diversity in healthcare extends beyond fulfilling quotas; it entails purposefully cultivating an inclusive atmosphere that embraces diverse backgrounds, beliefs, ethnicities, and perspectives within the medical profession (Associated Medical Schools of New York, 2020). Establishing an antiracist healthcare system is imperative for ensuring equitable and unbiased treatment of people of color, particularly Black patients. This transformative approach involves not only increasing the representation of Black physicians but also implementing unprejudiced healthcare system reforms.

Policy Recommendations

In response to the critical need for transformative measures in addressing physician workforce diversity disparities that significantly impact maternal health outcomes, the following policy recommendations provide a widespread legislative framework aimed at fostering equity, accessibility, and cultural competence within the healthcare system including (1) legislation on scholarships and financial support, (2) allocating funding and grants for Black-led healthcare initiatives, (3) healthcare system accountability laws, (4) early medical school pipeline and admissions programs, and (5) cultural competent legislation for healthcare providers:

1. Enact laws that allocate funding for scholarships and financial aid programs aimed specifically at increasing accessibility to medical education for underrepresented minorities. This includes addressing economic barriers by providing grants, tuition assistance, and loan forgiveness programs to reduce the financial burden on aspiring Black physicians.
2. Allocate funding and grants to support initiatives led by Black healthcare professionals and organizations, focusing on addressing racial disparities in healthcare outcomes, conducting research on racial disparities, and developing strategies to improve healthcare access and quality for minority communities. Additionally, increasing the number of

HBCU medical schools and augmenting their funding to build new schools of medicine, continue operations at established HBCU medical schools, and increase the number of medical school “seats” available for incoming students in each medical class is essential for fostering diversity and addressing healthcare disparities.

3. Implement legislation that establishes monitoring and reporting mechanisms within healthcare institutions to track progress in diversity and inclusion. Mandate regular evaluations of diversity and inclusion policies, holding institutions accountable for creating environments that promote workforce diversity and equity.
4. Push policies encouraging the development of early medical school pipelines and admission programs. Support initiatives that expose Black youth to healthcare careers through mentorship, academic enrichment programs, and early exposure to the medical field. These programs should aim to foster interest in healthcare professions among underrepresented minorities.
5. Authorize requirements for cultural competence training programs for healthcare providers. These programs should focus on understanding the unique needs of Black mothers, dismantling stereotypes in maternal care, and fostering a culturally sensitive healthcare environment. Implementing such legislation ensures that healthcare professionals are equipped to provide quality care to diverse patient populations.

Conclusion

Physician workforce diversity impacts the disparities in maternal health outcomes, uncovering the complex intersections of race, cultural competence, and systemic bias within the healthcare system. There is an urgent need for a concerted effort to address these disparities, with a particular focus on Black maternal health, which has long borne the brunt of inequities. The call to action is two-fold: Firstly, a resolute advocacy for increased representation of underrepresented minorities- specifically Black individuals- within the healthcare workforce is imperative, recognizing the transformative influence that diverse healthcare providers can have on patient outcomes. Secondly, the implementation of proposed solutions, ranging from targeted scholarships and mentorship programs to cultural competency training, holds the key to dismantling the structural barriers that perpetuate disparities. Advancement in continued research and evaluation to achieve health equity is crucial. Rigorous examination of the effectiveness of interventions, coupled with ongoing data collection and analysis, will guide the refinement of strategies, and ensure a sustained commitment to achieving equitable maternal health outcomes for all.

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