Next steps toward antiracism research to achieve neonatal health equity

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Public health critical race praxis (PHCRP)

• Practical application of Critical Race Theory for population health researchers

• Aims to “move beyond merely documenting health inequities toward understanding and challenging the power hierarchies that undergird them”

Neighborhood racial-economic segregation and VPTB neonatal morbidity mortality

Focus 1. Contemporary racial relations
What structural determinants underlie hospital differences in NMM?

Focus 2. Knowledge production
Can we move beyond zipcode as proxy for patient factors when ranking hospitals for NMM?

Focus 3. Concepts and measures
What about hospital neighborhood?

Focus 4. Action
YOU!

Historical redlining in NYC

Red “hazardous” neighborhoods associated with 55% increased risk preterm birth

Present day racial-economic segregation in NYC

Neighborhoods with highest proportion poor/Black relative to wealthy/White residents have:

- 2x risk preterm birth
- 4x risk infant mortality

Structural racism as underlying cause of hospital quality

- Infants whose mothers reside in neighborhoods with high concentration poor, Black households 1.6 times more likely to experience VPTB NMM than those in wealthy, White neighborhoods
- After accounting for patient factors, hospital of delivery explained 2/3 of the difference in risk
- Hospital neighborhood increased risk of VPTB NMM even further
Next steps in antiracist research in neonatal health equity

• How might neighborhood context influence hospital quality?
  • Fewer resources, burn out, staffing, overwork

• How can hospitals bridge the gap between the NICU and the neighborhood?

• What type of policies – housing, health, etc – might dismantle the structural racism undergirding the observed patterns?
Thank you for your attention!