Doesn't everyone love brown babies? Examining implicit racial biases towards children in the emergency department

Health Equity

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When it comes to medical specialties, pediatricians are known for being more warm and fuzzy than other clinicians. For example, I am more likely to receive hugs than handshakes from my pediatric colleagues and high fives from my pediatric patients. Pediatricians may also be less likely to refer to our patients as “the asthmatic in room 14” or “the sickler in bed 3.” However I can recall many instances of residents presenting patients to me as “I have a ‘cute little peanut’ in room 8 with a barky cough,” or “I have an ‘adorable little guy’ with a limp and possible fracture.” Sometimes the “cute little peanut” would be a white child with blond curls and striking blue eyes, and at other times a little black girl with cornrows or afro puffs.

While most health care professionals strive to achieve the best outcome for all of their patients, it doesn’t make us immune from biases. In fact, the landmark report “Unequal Treatment” published by The National Academy of Medicine, formally known as the Institute of Medicine, concluded that “bias, stereotyping, prejudice and clinical uncertainty on the part of health care providers may contribute to racial and ethnic disparities in health care.” With my interest in pediatric disparities, these interactions with resident physicians led me to what I affectionately refer to as the “everyone loves brown babies hypothesis.”

I hypothesized that while resident physicians may have negative attitudes towards black parents or even black teenage patients, they would have little or no bias against younger black children - the “cute little peanuts” with cornrows and afro puffs. I also hypothesized that pediatric residents would have less bias towards younger black children than residents from other specialties, and females would have less bias than their male counterparts. These hypotheses in part reflected some of my personal biases and stereotypes about pediatricians being warmer in practice and females being more kind and nurturing than males. However, it was also based on a prior study that found lower levels of racial bias among pediatricians compared to other physicians or the general population.

Therefore, to test my hypothesis that racial bias does not exist towards younger black children, my research team administered two Implicit Association Tests (IATs) in 2013 to 91 resident physicians working in a large urban pediatric emergency department (ED) in western Pennsylvania. As I’ve mentioned before, the IAT is a tool for which individuals sort pictures of individuals of different races and words into groups as fast as they can to measure implicit biases, the attitudes and beliefs that lie below the surface of consciousness that can nonetheless influence behaviors. In our study, we administered two versions of the IAT: the Adult Race IAT and Child Race IAT. The Adult Race IAT used black and white adult faces, while the Child Race IAT used black and white children’s faces – faces that my pediatric colleagues might refer to as “adorable little guys” and “cute little peanuts.”

Contrary to our hypothesis, we found that racial bias does exist towards younger black children. In fact, the resident physicians in our sample had similar pro-white/anti-black bias towards both adults *and* children. Additionally, implicit bias in our sample did not vary by any of the residents' personal characteristics - females had similar IAT scores as males and pediatric residents had similar IAT scores as residents from other specialties. These findings suggest that similar to adults, younger black children are vulnerable to implicit racial bias from their health care providers in pediatric settings.

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There is a growing body of evidence demonstrating that similar to the general population, most physicians have implicit bias. This study has shown that physicians, including pediatricians, can have similar levels of implicit bias against black children as they do against black adults.

Moving forward, my research will continue to investigate the association between factors at the patient, parent, provider and health care system levels with disparities in pediatric emergency care, paying close attention to racial bias. I hope that disseminating data such as ours will help health care providers recognize that unconscious biases exist, even in settings traditionally perceived as impartial, such as the emergency department, and towards populations commonly viewed more favorably, such as children. This recognition, in turn, may open up providers to educational or quality improvement efforts that are designed to ensure equitable health care delivery and outcomes for vulnerable patients.