SLP 2: Identifying Stakeholders Impacted by Racial Bias in Medical Treatment

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Introduction

Racial discrimination in getting medical treatment creates an important ethical and social justice issue in the US healthcare system. Due to racial and ethnic disparities, higher rates of illness and death occur across the wide range of Black, Hispanic, and Asian People. Through the research, it has been found that Black and American Indian or Alaska native (AIAN) people face worse health care than White people, so in their population, infant mortality, diabetes mortality, pregnancy-related mortality, and cancer mortality rates are increasing over the years. The result not only affects the well-being of the patient but also has a huge impact on public trust in the healthcare policy. It is essential to identify the stakeholders who have been impacted by these issues. It is crucial to develop an effective strategy so that everyone gets equal care regardless of any racial discrimination. This research paper has identified major stakeholders who are mostly impacted by racial discrimination in getting medical treatment. It also provides a reason for why each group is important to identify ethical and social concerns.

Primary Stakeholders

Patient from Racial and Ethnic Minority Groups

In the US, racial and ethnic discrimination in getting equal healthcare remains a continuous challenge. Hispanic, Black, and AIAN people get worse healthcare than White people in most areas. It has been noticed that Black people have better cancer screening than White people, but they have a higher mortality rate due to cancer. Hispanic people had worse health coverage (Mkwebu, 2024, p.89). They cannot get access to healthcare and other health-related services. Hispanics had better health outcomes in some areas, such as life expectancy, certain chronic diseases, and most cancer incidence and death rates. These differences might be because these are different outcomes among Hispanic subgroups,

particularly recent immigrants. In 2022, 19% of AIAN and 18% of Hispanic people were more than double without health insurance policy compared to about 7% of White people (Nambi *et al*. 2024). About 63% of Hispanic, 63% AIAN, and 58% of Black adults missed getting a flu shot in the 2022-2023 period, compared to 49% White adults. Through the 2022 data, it has been noticed that AIAN people lived about 67.9 years and Black people lived 72.8 years, both shorter than the 77.5 years for White people (Nambi *et al*. 2024). In 2022, Black infants had a death rate of 10.9 per 1000 births. AIAN infants had a death rate of 9.1 per 1000 births, while the death rate of white infants was 4.5 per 1000.

Families and Communities

People who have limited access to quality housing, education, social support, and job opportunities have a higher risk of illness and death. When someone has a lower socioeconomic status, they tend to have poorer health. Poverty rates are higher among AIAN, Hispanic, and Black working-age adults. Compared to White people in the US, Hispanic and Black people receive less income at the same education level. These people cannot afford high-quality care. It has been noticed that families of patients experience financial and psychological stress, hence their loved ones do not receive proper care from the healthcare system or experience a delay in care (WHO, 2025). Racial and ethnic minoritized groups reported disproportionately lower trust in the healthcare system. This mistrust creates poor health outcomes and inequity across the generations.

Secondary Stakeholders

Healthcare Providers

Discrimination against patients in a healthcare environment based on ethnicity, race, or language can negatively impact healthcare quality and its outcomes. People who work directly

with patients can share their experiences about discrimination and can find ways to reduce discrimination and unfair treatment. Healthcare workers have different views on serious racial and ethnic discrimination against patients, depending on the patients they see and the type of workplace they are in (Commonwealthfund, 2024). Mental health care workers are more likely to say that racism is a major issue or crisis compared to other health care workers overall. About 68% of mental health care workers think racism is a big problem, but only 58% all healthcare workers feel the same. In community-based health care places like health centers or school clinics, 63% of workers said discrimination is a big problem.

Healthcare Institutions and Administrators

All hospitals and healthcare organizations need to set clear policies that ensure equal treatment for all people, regardless of their race. Implementing equal health care service and ethical training will improve the satisfaction level of the patient. It reduces unequal access to reports of care from the clinic and different healthcare centers. The healthcare administrators are the key stakeholders; they influence the hiring of nurses and staff and the diversity of the different leadership positions.

System-Level Stakeholders

Government and policymakers

The US Federal and State Governments leverage healthcare equity through different laws and funding for care. It helps to provide equal care regardless of race. HHS and CMS play a crucial role in implementing anti-discrimination law, which helps to collect demographic health data. CMS Framework for "Health Equity" explains CMS plans to support health equity for people enrolled in its programs, reduce health differences, and focus on gathering and analyzing standardized data (CMS, 2022). It knows that collecting more standardized information about

people's background and factors that affect health, where they live, and their social needs. These are the initial steps to improve overall health.

Academic and Research institutions

Universities and research centers impact racial discrimination through medical education, and they need to design clinical studies to reduce inequalities. Minority participants in research have led to the discrimination and medical guidelines that help to serve all populations. Implementing an equity-based curriculum and effective research practices is essential (Eden *et al.* 2024, p.190). Academic institutions can produce future healthcare professionals who are more aware of different cultures and ethical guidelines.

Rationale for Stakeholder Inclusion

Through the findings, it has been found that all these stakeholders are interconnected in the healthcare systems. They suffer and combat racial discrimination in the US healthcare system. Most of the Black, Hispanic, and AIAN patients and their families experienced getting worse results to get equal access to care. Healthcare providers and institutions want to reduce this discrimination by providing proper healthcare practice (Li *et al*. 2025, p.90). It helps to reduce discrimination. The government and different policymakers create rules that help to reduce discrimination and help to increase social awareness among the people. It is essential to understand their roles in ensuring any action plan to identify racial discrimination. Effective changes require action across all levels, and they requires collaborative effort to reduce discrimination to get proper healthcare.

Conclusion

It has been summarized that racial discrimination in medical treatment affects different stakeholders in different ways. It is essential to provide equal care for all patients. The

collaborative actions of all stakeholders will be needed to reduce this problem. It eliminates racial discrimination and ensures that all people receive fair and ethical care regardless of their race.

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