



Fall 2019

## African American Disparities in Healthcare

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### Recommended Citation

Bedell, Emma E., "African American Disparities in Healthcare" (2019). *Student Publications*. 848.  
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## African American Disparities in Healthcare

### Abstract

African Americans constantly experience disparities in health care due to various factors. They typically face differences in insurance coverage, quality of care, geographic variation, and stereotyping by providers. These social inequalities are ultimately inevitable, however; changes need to be made to better the care that Black patients receive. The differences Black men and women receive in healthcare can put their life in danger or even give them unnecessary medical treatment. There is no simple solution to fix this problem, but action needs to be taken immediately.

### Keywords

African American Healthcare

### Disciplines

African American Studies | Health Policy

### Comments

Written for AFS 130: Introduction to African-American Studies

African American Disparities in Healthcare

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AFS 130  
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December 3, 2019

Minority groups in America such as African Americans face “double jeopardy” in the health care system by experiencing less effective treatment in areas of greater need, while receiving higher rates of treatment with little value to them. America is considered to be one of the leaders in healthcare world-wide with top notch medical care. However, this can easily be overturned due to the growing numbers of racial and ethnic minorities facing challenges in access to health care in the United States. According to the Robert Wood Johnson Foundation, African Americans experience thirty to forty percent worse health outcomes than white Americans (Pearl). This ultimately leads to shortened lives and increased illnesses for African Americans. Not only do African Americans have trouble finding access to health care, but the care they receive is often found to be different than the care white Americans receive. This complex issue involves several factors such as differences in ability to pay and provider behavior, patient preferences, differential treatment by providers, and geographical variability.

First, African Americans have a consistent history of distrusting the health care system. African Americans have a challenging time relating to and trusting their doctors along with the overall health care system of today because they fear being used for medical research (Kennedy). This feeling is rooted largely in a belief that doctors are constantly conducting clinical research where they need minorities participation (Kennedy). In a study conducted in 2007, African Americans were more likely than white Americans not to have faith that doctors would fully explain the significance of their participation in clinical research or other studies (Kennedy). This continued mistrust can result in African Americans not seeking the help of a medical professional when they are sick or hurt. This mistrust is a major issue in the health care system which contributes to the ongoing challenges that African Americans face when accessing health care in the United States.

To start, it is vital to understand the availability of health insurance African Americans have. Typically, Black Americans are more likely to have lower levels of health insurance coverage from a private employer than a white American (Bulatao). Black people are more likely to not have these high levels of health insurance because of the growing income gap between Black Americans and white Americans (Bulatao). Instead, African Americans are more likely to have public health insurance. Twenty one percent of Black families have incomes below the poverty line where only eight percent of white families have incomes below the poverty line (Bulatao). This highlights the large income gap between Black Americans and white Americans. Good healthcare is likely to result in those within these percentages.

In the United States, Medicare programs have been established to reduce the financial barriers by providing health coverage for people aged sixty-five and above to have easier access to hospitals and physician services (Bulatao). The Medicare programs were designed to follow both Title VI and the Civil Rights Act of 1964 where no one can be excluded from these health benefits no matter a person's race, color, or national origin (Bulatao). However, Black Americans face challenges because these programs do not cover prescription drugs, dental care, or long-term care. As a result, it was found that Black Americans were much less likely to visit specialists due to the lack of coverage from the insurance carriers (Bulatao). Also, it is more likely that Black Americans will have Medicare or Medicaid as their only insurance coverage than white Americans. That said, if a Black American is solely relying on Medicare or Medicaid and they need long-term care or prescription drugs they will have a more difficult time than a white American with respect to receiving appropriate care primarily due to financial difficulty in paying for the necessary medical attention.

To continue, care between white and Black patients is different in all hospitals. In some hospitals both white and Black patients receive the same care; however, in other hospitals Black patients are provided with lower quality care than white patients. Research shows that Black Medicare beneficiaries were less likely than white beneficiaries to receive any of the sixteen most commonly performed hospital procedures (Bulatao). Black patients are also less likely to receive a diverse range of procedures, ranging from high-technology interventions to basic diagnostic and treatment procedures (Bulatao). In fact, Black patients may receive fewer cancer screenings or even less effective monitoring than white people do (Mangan). This all results in a lesser quality of care for Black patients who are suffering from the same illnesses than white patients. Furthermore, some research suggests that Black patients are more likely than whites to be treated by less proficient physicians (Bulatao).

In a study conducted in 2008, evidence shows that compared to white patients, Black patients tend to use specialists with poorer clinical outcomes and primary care physicians with less clinical training and with less access to specialists and hospital-based specialty services (Gaskin). This can very well be because of the income gap that was explained above. Because of a higher population of African Americans living in poverty and not having access to good health coverage, there is a high inability for them to seek quality care from medical professionals. In 2017, Consumer News and Business Channel studied both Black and white Medicare patients with dementia. They found that less than five percent of white patients received a feeding tube whereas seventeen percent of Black patients received a feeding tube (Mangan). Doctors believe that feeding tubes do not ultimately help patients with advanced dementia and they do not live longer or gain weight compared to those who are without a feeding tube (Lynch). This suggests that doctors were more often providing Black patients with unnecessary care than white patients.

Furthermore, the role of geography or where a person resides can be argued to play a role in the quality of care Black patients receive. People who tend to live in high-income areas tend to have access to high-quality care resulting in better access to health care and better treatment (Bulatao). Groups living in these high-income areas tend to be white Americans. Racial and ethnic groups are unevenly distributed across communities which account for variation in health care. States with large proportions of Blacks tend to provide less appropriate treatment to all patients than states with smaller portions of Blacks (Bulatao). This geographic variation can be due to residential segregation (Bulatao). In segregated areas, minority patients such as African Americans are more likely to be undermedicated for pain than white patients and more likely to have the severity of their pain underestimated by physicians (Bulatao). This is due to myths that African Americans have a higher pain tolerance than white Americans. There are no consistent patterns of disparities, therefore some areas have wide disparity in one treatment but none in another. The US Institute of Medicine confirms this by finding that Blacks tend to live where there are low-quality health providers (Baicker). In these hospitals whites and Blacks receive low-quality care, but Blacks are over-represented in these areas so ultimately Blacks are not receiving equal care than whites because they have limited access (Baicker).

Differential treatment can be argued to be a direct result of the constant stereotypes health care advisors have for minority groups. In America, African Americans are constantly dealing with the never-ending stigmas and stereotypes. Studies have concluded that twenty-nine percent of white Americans believe that most Black Americans are unintelligent, and fifty-one percent say that Black Americans are prone to violence (Bulatao). These stereotypes may contribute to unconscious discrimination toward African Americans when receiving care because these stereotypes never escape a person's mind and can influence how a person is treated (Bulatao).

Stereotypes can be turned on and affect the treatment a Black patient receives due to the pressure of time doctors face and the quick decisions they must make. Due to emotions running high; anxiety and stress levels increasing during a medical emergency a medical professional may decide to make rash medial decisions based on the stereotypes listed above which can ultimately be argued to hinder Black patient care. In 2000, a study concluded that after regulating a patient's age, sex, socioeconomic status, sickness, overall health, and patient availability of social support—physicians viewed Black patients, compared with whites, as less kind, congenial, intelligent, and educated, less likely to adhere to medical advice, and more likely to lack social support and to abuse alcohol and drugs (Bulatao). All in all, it is not yet proven that medical decisions are affected by stereotypes; however, it would be useful to determine how often these stereotypes are activated and affect Black patient care.

Black women specifically are constantly facing challenges and difficulties in the health system. The health care system is failing Black women and medical professionals constantly disregard Black women's opinions to their health. Not only do Black women face discrimination due to the color of their skin but also the fact that they are a woman – a minority group in society. This plays a large role in the treatment and care of Black woman. According to an article written in the Oprah Magazine, numerous Black women routinely feel unseen, unheard, and misunderstood by doctors (Stallings). They have a constant fear of being misdiagnosed and their concerns to their health are typically avoided by the doctor (Stallings). Black women also tend to live in areas where their local hospital is underfunded where equipment is outdated (Stallings). Specifically, Erika Stallings, an African American attorney, writer, and BRCA awareness advocate experienced these disparities. Stallings was diagnosed with developing breast and ovarian cancer where she opted for a preventive mastectomy. After her surgery, she was groggy



and disoriented from the weight of her new breast implants, so she asked her mother to call a friend to assist them home. During this conversation with her mother a nurse overheard and said – “you didn’t have surgery on your legs. I don’t understand why you would need assistance”. Not only was this rude and unnecessary comment made, but on a more vital note Stallings’ surgical drains were not functioning properly. She asked the same nurse who made the unnecessary comment to inform one of the surgeons to assist her. The nurse refused to alert the surgeon and said that the hospital would suffer if Stallings was not discharged within 24 hours and that she would have to deal with the drain as it was. Stallings informed another nurse and she said the same thing. Erika Stallings felt like the nurses had no time and needed her out of the room quick which was strange to her as she was at a well-regarded facility. After an extended back-and-forth involving the two nurses, a hospital administrator, Stallings mother, and two friends, one of the nurses finally agreed to call the surgeon (Stallings). There is no way of proving that the treatment Erika Stallings received was racially motivated; however, Stallings reports that her story is consistent with what she hears from other Black women and something she has never heard from a white woman before. On the whole, Black women are forty percent more likely to die from breast cancer even though they are less likely to be diagnosed with breast cancer (Stallings). Black women are ultimately more likely to die from any type of cancer than white women (Stallings).

Moreover, Black women consistently face challenges during pregnancy and childbirth. It was found that in America Black women are three to four times more likely to die from pregnancy or childbirth related causes than white women (American Heart Association). There are vast reasons to account for this racial disparity. Leading factors are lack of access and poor quality of care of Black women, typically with a lower socioeconomic status (American Heart

Association). These conditions begin from the first doctor's appointment through childbirth. The American Heart Association reports that the bigger problem is that Black women are undervalued as they are not monitored as carefully as white women and when Black women say their symptoms they are often dismissed (American Heart Association). There are several stories where Black women show how they have experienced this; however, recently both Serena Williams and Beyoncé, Black women at the top of their professions, have shared similar experiences while facing complications in their pregnancies.

Serena Williams, one of the best tennis players, experienced serious and life-threatening complications after having a successful childbirth of her daughter, Alexis. After giving birth through a successful emergency C-section, Williams suffered a pulmonary embolism (American Heart Association). A pulmonary embolism occurs when a blood clot makes its way to the lungs, something Williams has experienced before (American Heart Association). Williams experienced racial disparities as she continuously informed the on-call nurse of her pain but constantly felt like she was being dismissed while presenting her symptoms. Serena Williams believes she is lucky to be alive due to her status as a star athlete, and strongly feels that if she did not have this status, she may be included in the high percentage of Black women that die from childbirth ("Serena Williams: I almost died after giving birth to my daughter").

Similarly, Beyoncé experienced toxemia, a complication that involves high blood pressure and protein in the urine, while being pregnant with twins (Howard). Again, Beyoncé was able to fully recover from this setback; however, many women do not. Women all around the United States suffer from similar stories to Serena Williams and Beyoncé. According to Centers for Disease Control and Prevention, seven hundred women in the United States die each

year from preventable causes related to pregnancy or childbirth and Black women are three to four times higher than white women (Howard).

Shifting the focus off women, Black men and women are less likely to be prescribed pain medication, opioids, than white men and women. There are various reasons to account for this disparity. First, physicians are less likely to prescribe opioids to Black patients due to the poor communicating by Black patients (Tamayo-Sarver). The physician-patient interaction with minority patients tend to be less assertive and less active which may account for why minority groups are less likely to receive opioids even if they are experiencing the same pain as white patients (Tamayo-Sarver). Another reason a physician may be tentative to providing a minority patient with a prescription for opioids is if the physician believes the Black patient is seeking opioids in order to satisfy an addiction or to sell them (Tamayo-Sarver). Physicians usually lack trust with minority patients rather than with white patients, so ultimately Black patients are less likely to receive the medication necessary. The opioid epidemic is a United States national public health emergency that needs action now to be resolved. The New York Times stated that African Americans received fewer opioid prescriptions because doctors believed, contrary to the fact, that Black people are more likely to become addicted to the drugs, to sell the drugs, and have a higher pain threshold than white people because they are biologically different (Frakt).

Another reason is that white doctors are more empathetic to pain of people who looked similar to them and less empathetic to those who looked different to them (Frankt). These reasons are illogical as there is no way of proving any of them. These reasons are stereotypes placed on African Americans which effect their health and livelihood. From this disparity, it does little to help the Black Americans suffering from pain; however, it allows African Americans to become less involved in the opioid epidemic than white Americans. From being less involved in

the opioid epidemic, it can be reported, currently, that in recent years white Americans are dying at much higher rates than African Americans from overdose (Frankt). These constant stereotypes and stigmas that affect African Americans health care need to be forgotten by society as it is negatively affecting Black patients severely.

Closing the equality gap in health care for Black Americans will be extremely challenging as there is no simple nor fast solution. Several reasons as to why African Americans receive this treatment is because of everlasting stigma and stereotypes they face. There are several active programs which aim towards protecting Black healthcare such as the Affordable Care Act (Riley). However, this has not successfully solved the disparities Black Americans constantly face. Apart from insurance, the government must first start with ensuring that all health care providers have access to adequate financial and technical support in order to improve the quality of care (Riley). As stated above, African Americans tend to only have access to lesser quality health care providers where they receive poor care. If the government is able to provide all health care providers with equitable equipment good health outcomes among African Americans would greatly increase (Riley). There is no solution to overcoming the deep-seated discrimination that African Americans face; however, if the younger generations are more educated about these problems there may be less discrimination that African Americans face specifically in health care in the future. With this, more courses on racial health disparities could be introduced into the curriculum of medical schools (Penner). With physicians being aware of this implicit bias overtime this bias could become eliminated in society (Penner). On the patient's side, health care facilities can provide minority groups with a values affirmation exercise right before a visit (Penner) This can help reduce stereotype threat and help strengthen a person's self-integrity to help reduce concerns and strengthen physician-patient communication (Penner).

To conclude, African Americans constantly experience disparities in health care due to several factors such as differences in insurance coverage, quality of care, geographic variation, and stereotyping by providers. The number of African Americans suffering from these disparities is constantly increasing and needs to end. It is highly unlikely social inequalities in health care will be completely eliminated from society. However, little steps to change this system and enhance the care Black patients receive is vital. The differences in care for Black patients can negatively impact a person's livelihood by shortening their life or giving them unnecessary medical treatment or devices. Black women are at a constant battle as their life expectancy is significantly lower in not only pregnancies but also various cancers and other illnesses. African Americans are also at a disadvantage in receiving pain medication due to previous and false myths. These disparities must stop as African Americans seeking medical advice is already predetermined before they even speak to the medical professional. On the whole, racial disparity for African Americans in health care needs to be brought to the government's attention for much needed changes, so the livelihood of African Americans becomes not only safer but longer.

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