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## African American Disparities within the Medical World

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## African American Disparities within the Medical World

### Abstract

There are many challenges that African Americans face and the lack of quality in care towards African Americans is an ongoing problem. Black men and women are not given the same care compared to their white counterparts. African Americans are faced with numerous disparities in the medical world. This can exist due to factors that are out of their control such as; failure of medical professionals recognizing the sociocultural differences, distrust in the health care system, cultural differences in understanding and explaining illness, history of hospital and medical office segregation, and knowledge of available services. It is very unlikely to eliminate social inequalities in health care but educating the people about this is important. Colorblindness is not always the answer because people need to be seen for who they are because someone's background can determine certain health statuses.

### Keywords

African Americans, Disparities, Medical Field, Medical Malpractice, lack of quality of care

### Disciplines

African American Studies | Inequality and Stratification | Medicine and Health

### Comments

Written for AFS 130: Introduction to African-American Studies

African American Disparities Within The Medical World

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AFS 130 Final Paper  
Professor Redden  
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Minority groups in America such as African Americans face numerous disparities within the medical field by experiencing higher medical malpractice compared to the white population. African Americans are exposed to less effective treatment in areas of great need, while also receiving higher rates of treatment that have little value to them. There are many challenges that African Americans face and the lack of quality in care towards African Americans is an ongoing problem. This may be due to the failure of medical professionals recognizing the sociocultural differences between African American's and white American's illness perception (Copeland 2005). Other barriers that African Americans face is the distrust in the health care system, cultural differences in understanding and explaining illness, history of hospital and medical office segregation, and knowledge of available services (Copeland 2005). These overarching issues can be factors of African Americans inability to receive healthcare, inability to pay, the experiences of differential treatment by providers, and geographical variability.

There is a lot of mistrust between African Americans and people within the medical field. One of the reasons for this is because there is a lack of diversity in the world of medicine, especially regarding African American doctors. African American communities need doctors that understand the cultural traditions, perspectives, and concerns of Blacks (Gasman et al. 2017). Therefore, African American patients have a hard time relating to and trusting their doctors especially being that in 2008 "African Americans made up 6% of all physicians in the U.S." (Gasman et al. 2017). Unfortunately, many African American students that intend to pursue a medical degree leave the field and never make it into medical schools or fail to obtain a degree once in medical school (Gasman et al. 2017). Historically Black Colleges and Universities (HBCUs) have been an important aspect in creating pipelines to black medical schools in order

to meet the demands of black communities (Gasman et al. 2017). The existing lack of diversity within the medical field emphasises the importance of inclusion and how its role could benefit African Americans through better patient-doctor interactions and further respect for cultural sensitivity (Gasman et al. 2017). The lack of diversity can cause African Americans to not seek proper medical attention when they are sick or hurt. A study done in 2007 concluded that African Americans feared they were going to be used for medical research and they were more likely than white Americans to not trust their doctors or have faith they would fully explain the significance of their participation in clinical research or other studies (Kennedy et al. 2007). Mistrust is an ongoing challenge that African Americans face when accessing necessary health care in the United States.

The availability of health insurance for African Americans plays a vital role in their health care access. In fact, African Americans have lower levels of health insurance coverage from a private employer than white Americans (Bulatao et al. 2004). The income gap between black Americans and white Americans can play a significant part in why black Americans are not as likely to have higher levels of insurance. Instead, African Americans are more likely to have public health insurance and they are more likely to receive Medicaid or to have Medicare as their *only* insurance (Bulatao et al. 2004). The Medicare program was established in order to reduce financial barriers to medical services for people 65 and older. It was designed to follow Title VI and the Civil Rights act of 1964, which requires that no one is to be excluded from federal benefits based on race, color, or national origin (Bulatao et al. 2004). There are limitations that African Americans have when they are on Medicare. Firstly, it creates economic challenges because it does not cover certain medical needs, which then imposes various out-of-pocket

expenses(Bulatao et al. 2004). Out-of-pocket expenses can be a substantial burden for lower household incomes (Bulatao et al. 2004). In 1996, ninety percent of Black and Hispanic beneficiaries had incomes less than \$25,000 (Bulatao et al. 2004). Second, Medicare does not cover prescription drugs, dental care, or long-term care(Bulatao et al. 2004), which white Americans are receiving from their private insurance providers. Financial problems should not be as much of a burden as it is when someone needs necessary medical attention. Therefore, African Americans who rely on Medicare or Medicaid that does not cover long-term care white Americans will be first in line to receive it.

Receiving medical care in hospitals differs from person to person, but in some hospitals it differs from person to person based on the color of their skin. There are some hospitals in which they care for black patients the same as they care for white patients. Although, there are some hospitals that provide black patients with lower quality care than they would a white patient. In recent research it showed that black medicare beneficiaries were less likely to receive any of the sixteen most commonly performed hospital procedures than white patients (Bulatao et al. 2004). Along with that, due to a greater number of black Medicare beneficiaries paying out-of-pocket payments for deductibles and copayments it can impact the use of ambulatory medical care and the postponement or avoidance of treatment (Bulatao et al. 2004). Black patients and other minorities are even less likely to receive procedures ranging from high-technology intervention to basic diagnostic and treatment procedures (Bulatao et al. 2004). This can mean that black patients with similar health problems as white patients are not receiving equal care that they both need. This can go back to the major mistrust that African Americans have with people within the

medical field because even research suggests that Black patients are more likely than whites to be treated by less proficient physicians (Bulatao et al. 2004).

Patient-Provider relationships are important to everyone of all races. How patients feel about the quality of the relationships is based on multiple things; satisfaction, adherence, and health outcomes (Copeland 2005). It is important for patients to feel confident in their provider, but many African Americans feel the opposite. In a recent study in 2003 it found that African American felt they would have received better care if their provider's race or ethnicity had been different(Copeland 2005). This can be impacted by the lack of diversity within the medical field, as explained in the second paragraph. Therefore, if the cultural differences between patients and providers are not recognized, explored, and reflected upon the patients health could suffer(Copeland 2005). There are so many African Americans that can recognize when they are receiving medical attention that they know is simply not good enough. An African American father within this study even said that, "the type of insurance you have dictates the kind of care you receive...It's the difference between having a Volkswagen and a Cadillac" (Copeland 2005). Many African Americans who feel that their provider has been disrespectful may not return to treatment, may try another provider, or may change their health care plans(Copeland 2005). Meanwhile during this time they could be suffering from serious health concerns that need medical attention. It can be hard to trust certain medical professionals when they hear that in some studies, "physicians, white ones in particular, implicitly prefer white patients, falsely viewing them as more intelligent and more likely to follow professional advice"(Frakt et al. 2019). Unconscious biases exist everywhere in today's world and unfortunately it's causing harmful outcomes to black lives who deserve equal treatment as white lives.

The role geographic variability plays can contribute to the quality of care that African Americans receive. Where someone lives can impact the access and utilization of quality care services with such things like lack of transportation, lack of or inadequate health insurance, scarcity of providers, long waiting lists, and inconvenient health services locations (Copeland 2005). Racial and ethnic groups are unevenly distributed across communities which can account for variation in health care. Those who live in high-income areas typically have access to high quality care which can allow them to gain better health care and better treatment (Bulatao et al. 2004). White Americans tend to live in these high-income areas resulting in better all around health care. Geographic variations can be present because of residential segregation (Bulatao et al. 2004). These areas of residential segregation can lead to African Americans being undermedicated for pain than white patients and even more likely to have their severity of their pain underestimated by medical professionals (Bulatao et al. 2004). This can be due to myths that African Americans have higher pain tolerance than white Americans. Researchers at University of Virginia probed the beliefs of two hundred twenty-two white medical students and residents. The results were published in the Proceedings of the National Academy of Science. Half of the white medical students held false physiological beliefs about African-Americans (Frakt et al. 2019). Nearly sixty percent thought African American skin was thicker, and twelve percent thought their nerve endings were less sensitive than those of white people (Frakt et al. 2019). These medical students were more likely to rate the pain of a black patient as less severe than a white patient that was identical (Frakt et al. 2019).

Treatment from patient to patient can differ due to stereotypes that medical professionals have for African Americans and other minority groups. Minority groups have been and continue



to be stereotyped in America. Research has concluded that twenty-nine percent of white Americans view black Americans as unintelligent and that fifty-one percent said that they are more prone to violence (Bulatao et al. 2004). Some health care providers hold stereotypes that can impact the quality of care that African Americans receive because it was found in a few studies that physicians were found to view their black patients more negatively than their white patients (Bulatao et al. 2004). They also found that “even after adjusting for patients age, sex, socioeconomic status, sickness or frailty and over 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 to abuse alcohol and drugs”(Bulatao et al. 2004). Stereotypes can contribute to unconscious biases toward African Americans that impact the way they are treated and taken care of. Negative stereotypes can impact patient-provider interactions which could influence the individual's health outcomes.

Shifting to a more specific focus, African American women not only face discrimination because of the color of their skin but also because they are women. This can play a large role in how women are treated and the quality of care they receive. African American women face numerous limitations and challenges in the health care system. The system as a whole fails black women because they are disregarded about their health and what they are feeling. In fact, Black women are dying from the most common reproductive cancer for many reasons. Black women and white women are just as likely to get endometrial cancer, the most common type of gynecological cancer in the U.S., but black women are more likely to die from it(Furneaux 2019). It was found black women are less likely than white women to receive an early diagnosis

from the disease which is why they have less chance of survival because they discover it only after it has spread(Furneauux 2019). There is a factor that doctors miss early signs of the disease but many women are more reluctant to seek help from doctors because of mistrust and decades of difficult experiences. Dr. Kemi Doll, a gynecologic oncologist at the University of Washington believes that “as with racial discrepancies in other medical conditions, the difference in the endometrial cancer death rate is the result of how the medical establishment treats black women”(Furneauux 2019). Dr. Doll and her team conducted a study that found that black women with health insurance or access to medical care were less likely than a white woman to receive biopsies that could confirm cancer earlier(Furneauux 2019). This can impact the lives of so many women and their families due to lack of treatment. The lack of treatment can be shown in that black women are less likely to receive surgery than a white woman at every stage of the disease, and they are less likely to receive chemotherapy(Furneauux 2019). African American women are constantly being mistreated and disregarded because of the color of their skin.

Adrienne Moore a forty-five year old woman who is an African American respiratory nurse from Atlanta experienced a life threatening experience due to lack of attention. Adrienne was diagnosed and successfully treated for ovarian cancer but a decade later she recognized similar symptoms and feared that her cancer returned(Furneauux 2019). However, when she sought out help from doctors she left her appointments with a series of misdiagnosis(Furneauux 2019). She even expressed the fact that she thought she knew how to communicate with her caregivers being in the medical field but she felt like no one was listening(Furneauux 2019). She went to doctors over three years and her symptoms were persistent with no change.(Furneauux 2019). When her employers switched her health insurance plans her monthly premium jumped

she could not afford specialist care(Furneaux 2019). She was in so much pain that she could not go to work and she requested sick leave, but she was laid off instead(Furneaux 2019). Out-of-pocket payments began and doctors still found nothing wrong even though in reality a disease that could kill her was growing her pelvic cavity, across her ovaries and into the endometrium (Furneaux 2019). Moore sought help early on for endometrial cancer and received less aggressive care than a white woman would receive. When she started a new job she ordered a biopsy of one of her cysts. It was confirmed that she had cancer, endometrial cancer that she never even heard of (Furneaux 2019). This disease was so advanced with no treatment, she was diagnosed at Stage 3.(Furneaux 2019). Adrienne Moore was lucky enough to survive but while she was seeking necessary medical attention her pain and her symptoms were all dismissed, even though she was in the medical world being a nurse. “There’s such a silence around our reproductive health”(Furneaux 2019), Moore said. She also expressed that, “when black women tell me they’ve never heard of endometrial cancer,” she says, “it’s probably because we’ve lost so many to this disease”(Furneaux 2019).

The Centers for Disease Control and Prevention has reported that, “Black, American Indian, and Alaska Native (AI/AN) women are two to three times more likely to die from pregnancy-related causes than white women – and this disparity increases with age” (Centers for Disease Control and Prevention 2019). Furthermore, black babies are twice as likely to die within their first year as white babies(Roeder 2019). African American women face many challenges during pregnancy and childbirth. According to the World Health Organization, black women have similar comparable odds of surviving childbirth to those of women in countries such as Mexico and Uzbekistan, where significant proportions of the population live in poverty

(Roeder 2019). There have been instances where African American women are undervalued and are not monitored as careful as white women. For many black women, confidence in the health care system has been undermined by decades of difficult experiences(Furneaux 2019) For example, Serena Williams, one of the best tennis players to exist experienced life threatening complications after giving birth to her child, Olympia. After having a successful C-Section Williams was having trouble breathing and recognized signs of a serious condition(Roeder 2019). She walked out of her hospital room and approached a nurse and told her that she feared there was a blood clot and needed a CT scan, however the nurse dismissed her pain and suggested that her pain medication was making her confused(Roeder 2019). She was suffering from pulmonary embolism which is a sudden blockage in a lung artery (Medline Plus). It usually happens when a blood clot breaks loose and travels through the bloodstream to the lungs (Medline Plus). Pulmonary embolism can cause permanent damage to the lungs, low oxygen levels in your blood, and cause damage to other organs in your body from not getting enough oxygen (Medline Plus). Serena Williams experienced racial disparities as she continuously informed the nurse of her ongoing symptoms but she was dismissed while she was in evident pain. Raegan McDonald-Mosley, chief medical director for Planned Parenthood Federation of America, told ProPublica, “You can’t educate your way out of this problem. You can’t health-care-access your way out of this problem. There’s something inherently wrong with the system that’s not valuing the lives of black women equally to white women”(Roeder 2019).

Health status of African Americans is significantly worse than white Americans due to ongoing racial disparities that exist within health care. African Americans face disproportionate burdens in disease morbidity, mortality, disability, and injury (Mays et al. 2007). Along with

that, African Americans are significantly and consistently more at risk for early deaths than do similar white Americans(Mays et al. 2007). Premature deaths can arise from diabetes, cardiovascular heart disease, hypertension, and obesity which disproportionately affects African Americans(Mays et al. 2007). For example, in deaths due to heart disease the rate per 100,000 persons for African Americans is higher than any or racial group at 321.3(Mays et al. 2007). These health disadvantages occur in context of the increasing disparities in rate of disease. For instance, African Americans have a rate of heart disease and cancer rates thirty percent higher than whites(Mays et al. 2007). However, poverty alone can not fully explain these differences but by the simple differences in skin color could be the basis for the occurrences of discrimination can appear to be an explanation(Mays et al. 2007). This can show in a study done by the National Survey of American Life finding that “African Americans evidenced the worst self-reported physical health status”(Mays et al. 2007), compared to white Americans.

African Americans are facing numerous disparities within the medical field due to many *growing* concerns such as; lack of diversity within the field itself, differential treatment and stereotypes made by providers, geographical variability, and quality of care received. These growing concerns are putting lives in serious harm and it needs to be more noticed. People are suffering and it should not be because of the color of their skin. Every life is important and more steps are needed in order to change the racial disparities that impact African Americans and other minority groups. It is very unlikely to eliminate social inequalities in health care but educating the people about this can possibly allow for change. Colorblindness is not always the answer because we need to see people for who they are because someone’s background can determine certain health statuses. The main goal is to see everyone as who they are despite the color of their

skin because everyone deserves an equal chance to live a healthy life with proper quality of care. The simple phrase we all learned growing up was, “don’t judge a book by its cover,” and unfortunately medical professionals as a whole do exactly that. African American men and women are constantly being dismissed and changes need to be made because every life has value.

## References

- Bulatao, Rodolfo A. "Health Care." National, R. C., & Panel, O. R. E. A. H. (2004).  
*Understanding racial and ethnic differences in health in late life : A research agenda.*  
 Retrieved from <https://ebookcentral.proquest.com>
- Copeland, V. C. (2005). African Americans: Disparities in Health Care Access and Utilization.  
*Health & Social Work, 30*(3), 265–270.  
<https://ezpro.cc.gettysburg.edu:2110/10.1093/hsw/30.3.265>
- Frakt, A., & Monkovic, T. (2019, November 25). A 'Rare Case Where Racial Biases' Protected African-Americans. Retrieved from  
<https://www.nytimes.com/2019/11/25/upshot/opioid-epidemic-blacks.html>
- Furneaux, R. (2019, October 21). Why are more black women dying from the most common reproductive cancer? Retrieved from  
<https://www.motherjones.com/politics/2019/10/why-are-more-black-women-dying-from-the-most-common-reproductive-cancer/>
- Gasman, M., Smith, T., Ye, C., & Nguyen, T. (2017). HBCUs and the Production of Doctors.  
*AIMS Public Health, 4*(6), 579–589. <https://doi.org/10.3934/publichealth.2017.6.579>
- Kennedy, B. R., Mathis, C. C., & Woods, A. K. (2007). African Americans and their distrust of the health care system: healthcare for diverse populations. Retrieved from  
<https://www.ncbi.nlm.nih.gov/pubmed/19175244>
- Mays, V., Cochran, S., & Barnes, N. (2007). Race, race-based discrimination, and health outcomes among African Americans. *Annual Review of Psychology, 58*, Retrieved from

201–225.[https://gettysburg.primo.exlibrisgroup.com/permalink/01GETTYSBURG\\_INST/1kluq6j/medline16953796](https://gettysburg.primo.exlibrisgroup.com/permalink/01GETTYSBURG_INST/1kluq6j/medline16953796)

Pulmonary Embolism | Deep Vein Thrombosis. (2020, April 30). Retrieved from

<https://medlineplus.gov/pulmonaryembolism.html>

Racial and Ethnic Disparities Continue in Pregnancy-Related Deaths. (2019, September 6).

Retrieved from

<https://www.cdc.gov/media/releases/2019/p0905-racial-ethnic-disparities-pregnancy-deaths.html>

Roeder, A. (2018, December 21). America is Failing its Black Mothers. Retrieved from

[https://www.hsph.harvard.edu/magazine/magazine\\_article/america-is-failing-its-black-mothers/](https://www.hsph.harvard.edu/magazine/magazine_article/america-is-failing-its-black-mothers/)