Racial Disparities in Health Care

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Abstract

After reading Rebecca Skloot's *The Immortal Life of Henrietta Lacks*, it was evident to me that racial discrimination affects all parts of the lives of minorities. The novel focused on medical ethics and how that relates to race. As I read *Lacks,* it was obvious to me that some of the same racial prejudices remain today, even though over 50 years have passed since the time of Henrietta. The topics that I decided to research in order to highlight this include racial disparities in health care among African Americans in comparison to Whites, racial disparities among Hispanics/Latinos in comparison to Whites, how race affects the quality of medical care given in the U.S. and why racial disparities are a concern. I wrote this research paper to bring these racial disparities to light, and hopefully raise awareness of how these factors prevent the so-called "equality" that the American people pride themselves on from being a reality.

Racial disparities in health care among African Americans in comparison to Whites

African Americans make up a large majority of the U.S. population, yet still struggle to receive equal treatment in the healthcare system. This may sound familiar to those who have read Rebecca Skloot's *The Immortal Life of Henrietta Lacks*, in which a Black woman dies from cervical cancer. The unfair treatment of African Americans was a key component of this novel, evident on page 15, in which "David drove Henrietta nearly twenty miles...even if it meant they might die in the parking lot" (Skloot, pg 15). Skloot included this backstory to provide context for Henrietta's story, but also to remind the audience that discrimination in the medical field is not gone. It highlights the fact that the legacy of racism still affects African Americans in present day. In 2012, the Black population totaled 43 million, making it the second largest minority

group (behind Hispanic/Latino). A mere 50.4% used private health insurance, with 40.6% relying on Medicaid (public health insurance). This compares to 74.4% of non-Hispanic Whites that used private health insurance, with only 29.3% relying on Medicaid (Office of Minority Health, 2014). This is significant to consider, as it highlights the fact that the type of insurance received has a direct impact on the quality of care. With that being said, it is important to investigate the disparities in regards to specific illnesses/diseases. The death rate for African Americans is generally higher than Whites for heart diseases, stroke, cancer, asthma, influenza, pneumonia, diabetes, HIV/AIDS, and homicide. According to the Office of Minority Health, "African Americans have the highest mortality rate of any racial and ethnic group for all cancers combined and for most major cancers." (Office of Minority Health, 2016). Although in many cases Blacks are less likely to have cancer (ex: breast cancer), the mortality rate for those affected is much higher in comparison to Whites. It was reported that, "African American women were 10% less likely to have been diagnosed with breast cancer" yet " almost 40% more likely to die from breast cancer, as compared to non-Hispanic white women" (Office of Minority Health, 2016). This statistic shows that African Americans are not receiving the same quality of medical care as White women. It also supports the former statement made about the type of health insurance, as it shows that there is likely a correlation between the two. African American men are twice as likely to have a stroke as their white adult counterparts. Further, black men are 60 percent more likely to die from a stroke than their white adult counterparts (Office of Minority Health, 2016). The fact that there is a 60% difference in the mortality rate of Blacks and Whites due to stroke is relevant when discussing race and the level of medical attention that varies among them. When looking at this high number, it emphasizes that there is an issue in

terms of how race influences the treatment given that needs to be resolved. African Americans are 20% more likely to report having serious psychological distress than Non-Hispanic Whites, yet Whites are more than twice as likely to receive antidepressant prescription treatments as are Blacks (Office of Minority Health, 2014). When comparing these numbers, it is evident that there is a level of racial bias that affects the medication that is administered. Although it is shown that African Americans are more likely to exhibit symptoms of depression, they are half as likely to receive the medication that is needed to treat it. This brings to light the clear inconsistencies in the treatment given by the health care provider. Evidence suggests that it could be linked back to the type of insurance coverage, but it is also likely that lasting racial discrimination is at play, particularly when considering the fact that the health care professionals are often the ones that decide the course of treatment.

Racial disparities in health care among Hispanics/Latinos in comparison to Whites

Similar to African Americans in the U.S., Hispanics/Latinos make up a large portion of the population. In 2012, the residents totaled about 53 million, making it the largest minority group. Of this number, 44% rely on a private physician for their medical care, compared to 77% of Whites (Office of Minority Health, 2015). At least 36% of nonelderly Latinos are uninsured, compared to 13% of Whites (Office of Minority Health, 2015). This, again, showcases the correlation between the quality of care and the type of insurance/service provided. The level of care is also evident when comparing statistics regarding specific illnesses/diseases. Some of the leading causes of illness and death among Hispanics include cancer, unintentional injuries (accidents), stroke, and diabetes. Hispanics have higher rates of end-stage renal disease, caused

by diabetes, and they are 40% more likely to die from diabetes than non-Hispanic Whites (Office of Minority Health, 2015). This most likely means that Hispanics diagnosed with diabetes are not receiving the care that they need. This disparity could also be due to the previously mentioned uninsured percentage, as those individuals would be less likely to seek medical attention or get diagnosed. Both Hispanic men and women are twice as likely to have, and to die from, liver cancer (Office of Minority Health, 2016). This number reflects the high uninsured rate, as it would mean that the treatment would be very expensive. With that in mind, it is not surprising to hear that, "hispanic women are both 40 percent more likely to have cervical cancer, and to die from cervical cancer as compared to non-Hispanic White women" (Office of Minority Health, 2016). These studies, similarly to that of African Americans, highlight the fact that racial disparities are evident in terms of quality of care and amount of medical assistance available. This is seen in *The Immortal Life of Henrietta Lacks*. While medical technology and research had not developed to anywhere near the point seen today, racial discrimination played a large role in Lacks's treatment (or lack thereof). Lacks ultimately, "died at 12:15 a.m. on October 4, 1951" (pg 86). Henrietta Lacks's death embodies the continually relevant fact that minorities are not treated equally to Whites in the medical field.

How race affects the quality of medical attention given in the United States

Health is often shaped by factors such as language/cultural barriers, lack of access to preventive care, and the lack of health insurance. These negatively affecting factors are most often seen among minority groups. Racial bias is something that continues to be seen even in modern times. This means that health care professionals often make decisions based solely on racial/cultural

backgrounds. Patient race has been shown to influence physician interpretation of patients' complaints and ultimately clinical decision-making, such as decisions to refer patients for particular treatments or procedures. This obviously impacts the quality of medical care given. It creates fear in many minority groups that when medical attention is sought, previously transgressed prejudice will influence the ultimate treatment. "On top of that, if black Americans don't feel welcome in the medical system, they're more likely to delay treatment — something that could contribute to the fact that African-Americans are dying from diseases at higher rates than other racial groups" (Culp-Ressler). If patients do not feel comfortable with their physicians, they are much less likely to schedule necessary follow-up appointments, thus compromising their health. Along with these factors, "the rate of black med school applicants has declined by 20 percent over the past several decades" (Culp-Ressler). Most minorities feel most comfortable when their doctor has a similar cultural background, so this will likely result in an even greater amount of delayed treatments. Hispanics share similar concerns, as minority patients are more likely to report being the subject of negative attitudes during the healthcare process, and such negative feelings may lead to decreased medication adherence and medical follow-up. The high uninsured rate among Hispanics is also highly relevant, as, "Compared with the insured, the uninsured are less likely to have a regular doctor or to get timely and routine care, and are more likely to be hospitalized for preventable conditions" (Office of Minority Health, 2015). Similarly, "African Americans and Latinos are also twice as likely as Whites to rely upon a hospital outpatient department as their regular source of care, rather than a doctor's office where opportunities for continuity of care and patient-centered care are greater" (Office of Minority Health, 2014). Apart from how insurance affects the care given, a major component

when looking at Hispanics is language. Language barriers are significant, as "74% of Hispanics speak a language other than English at home" (Office of Minority Health, 2014). These barriers create fear that ranges from not knowing for certain what the doctor is saying to having to trust a translator, often risking lives in the process. Sometimes no translator is present, and the patient is left being unable to communicate vital information such as allergies and previous medical history. This factor also contributes to a general lack of accuracy and, in turn, low quality of care.

Why racial disparities are a concern

As discussed in *Lacks*, "Hopkins was one of the top...Howard Jones, the gynecologist on duty" (pg 15). This level of intense discrimination perfectly demonstrates how poorly minorities used to be treated when seeking medical aid. While the unfair treatment is nowhere near as severe, it is still important to recognize that it still exists. "One in three residents of the United States self-identify as either African American, American Indian/Alaska Native, Asian, Native Hawaiian/Pacific Islander, Hispanic/Latino, or multiracial. By 2050, this number is expected to increase to one in two" (Kasier Family Foundation, 2008). With that being said, the racial discrimination present in the healthcare system can not continue. The first step toward correcting the problem is to make people aware of it. Greater awareness is likely to lead to more professional and public concern to solve the problem. There is little consensus on what can or should be done to solve the issue, but most researchers agree that steps can easily be taken to help eliminate the disparities. Healthcare systems can take steps to help minority patients to better access care and make sure that high quality care is provided to all patients. "In

communities where there are a large number of people that prefer to use languages other than English, translation services can help patients feel more comfortable and that their needs are being heard" (Kasier Family Foundation, 2008). This would lead to a better understanding by both the patient and the medical professional about factors such as past medical history, current symptoms and a course of action that will be most beneficial, leading to a higher quality of care and greater accuracy of treatment. Another essential step would be to improve relationships between doctors and patients. It is agreed upon by many that, "Doctors and other providers should receive cross-cultural education". This kind of training is designed to "teach providers how cultural and social factors influence health care. It helps providers understand how to interact with patients who have different cultural points of view in general and, in particular, different attitudes about health care" (Kaiser Family Foundation, 2008). Compared with the insured, the uninsured are far less likely to have a regular doctor or to receive routine care, and are more likely to be hospitalized for preventable conditions. Minority Americans are much less likely to have health insurance offered through their jobs, and "even after accounting for work status, minority Americans are still more likely than Whites to be uninsured" (Kaiser Family Foundation, 2008). Medicaid, a source of coverage for many of the nation's poor and disabled, is an important safety net for about 1 in 4 non elderly African Americans, American Indians/Alaska Natives, and Latinos (Kaiser Family Foundation, 2008). Efforts are needed to assure that existing sources of coverage, such as Medicaid, are maintained while also working to expand other sources of coverage for those who are uninsured.

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