

***Women, Race, Health Care Access and Quality of Care***

**Presentation by**

***Norma J. Goodwin, M.D.  
Founder and President  
Health Power, Inc.***

**Fourth World Conference on Women**

***United Nations***

***March 2, 2005***

## ***Women, Race, Health Care Access and Quality of Care***

*Norma J. Goodwin, M.D.  
Founder and President, Health Power, Inc.*

The context for this presentation is closely correlated with the mission of *Health Power*, which is to improve the health of People of Color and thereby the health of society as a whole. The organization's primary focus is widely disseminating health information that is authoritative, user-friendly and culturally relevant. The centerpiece of *Health Power's* health improvement effort is a nationally unique web site located at [www.healthpowerforminorities.org](http://www.healthpowerforminorities.org).

Addressing issues related to women's health care access, quality of care, and race involves a mix of cross-cutting issues, and cross-cutting impacts. A review follows.

### Overview of Cross-cutting Issues

>There is a closer correlation between economic status and health status, worldwide, than between race, ethnicity and health status.

>Women who are economically better off have greater access to high quality health care than women with more limited economic means.

>Women are more likely than men to be unemployed or underemployed, and women of color are even more likely to fall into this category than their Caucasian counterparts.

Key contributing factors include:

- Women have less access to jobs, and to more attractive and rewarding jobs for a variety of reasons.
  - Women of lower socio-economic status (SES) are more likely to be undereducated → undereducated women have decreased access to good jobs → unemployed and underemployed women are more likely to have lower SES. It's essentially a self-perpetuating cycle.
  - In some populations, women are more likely to be unemployed because of cultural values.
  - Because many women still fulfill the traditional nurturing role in the home, they have decreased access to jobs, as well as less job readiness in an increasingly high tech world of work.
- > Women who are unemployed/underemployed and/or undereducated are more likely to have:
- decreased access to high quality health and medical information;

- more limited understanding of health and medical information;
- no health insurance or inadequate health insurance.

All three of these conditions are significant barriers to the receipt of high quality health care.

Special emphasis is given to the economic status of women because, worldwide and even without regard to gender, there is a closer correlation between economic status and health status than there is between race and/or ethnicity and health status. Consider, for example, the overall economic (and health) status of the populations in Africa, Asia, Central and South America, and the Caribbean. Looking from another perspective, consider the overall economic (and health) status of residents in such areas of the United States as Harlem, South Bronx, Bedford Stuyvesant, and Watts, and sections of the southern U.S. “Stroke Belt”.

### Cross-cutting Impacts

Although gender gaps in the health field have narrowed in recent decades, they still persist at a significant level, with associated negative impacts. Examples follow.

- > Health care administrators, who are key decision makers in the health care system, are more likely to be men;
- > Senior level health policy makers at federal, state and local levels are more likely to be men;
- > Senior level medical school faculty and administrators, who have a disproportionate impact on the training of today’s and tomorrow’s physicians-to-be, are more likely to be men, some of whom are less sensitive to women’s health issues and needs. For example, the American Association of Medical Colleges (AAMC) reports that as of October 2003:
  - 10 of the 126 medical school deans were women
  - Eleven (11) % of women had full professor status, compared to 30% of men.
  - Women represented approximately 10% of all department chairs.
- > Traditionally, many women (as well as men) communicate less effectively with physicians and other health professionals than with members of the general population. Increased health awareness and assertiveness are essential for women since ‘*It’s our bodies, minds and spirits*’. Achieving health awareness, and thus increased access to health care, also requires increased health literacy.

In its April 8, 2004 press release on health literacy, the Agency for Healthcare Research and Quality (AHRQ) of the U.S. Department of Health and Human Services (DHHS) reported that adults with lower than average reading skills are less likely than other adults to get (a) potentially life-saving screening tests such as mammograms and pap smears, and (b) flu and pneumonia vaccines. They are also less likely to be knowledgeable about the health effects of smoking, diabetes, asthma, AIDS and post-operative care.

- > African-Americans (who are also more likely to be poor) with the most common types of coronary insufficiency are less likely than Whites to receive expensive and newer treatments.
- > People of Color have less access to organ transplantation for chronic kidney disease and coronary artery disease, as may also be true of women because of their relative socioeconomic disadvantage.
- > The first National Health Disparities Report (AHRQ, DHHS) noted that: (a) racial and ethnic minorities are more likely to be diagnosed with late stage breast cancer and colorectal cancer than whites, (b) patients of lower socioeconomic position are less likely to receive recommended diabetic services and are more likely to be hospitalized for diabetes and its complications, many racial and ethnic minorities, and persons of lower socioeconomic position, are more likely to die from HIV.

While the degree of disparity regarding quality of care received varied among Blacks, Hispanics, Asians and American Indians and Alaska Natives, each group received poorer quality of care than Whites. Also, poor people received lower quality of care than people of higher income.

### What to Do

1. Since in the short term, women as an overall group are likely to continue having more limited access to health care, they must focus, across the full spectrum of health issues, on:
  - Disease Prevention
  - Early Disease Detection, and
  - Disease Control.
2. Advocate for an increased number of same race/ethnicity physicians, since a number of studies show this to be beneficial for the receipt of culturally competent health care.
3. Actively advocate for the collection, analysis and reporting of more data which compares both access and quality of care, by gender and race/ethnicity.
4. Give special attention to behavior related diseases. This is especially important for women of color. Examples follow.
  - A. HIV/AIDS is increasingly affecting women as a result of heterosexual contact. The “Down-Low”, which has links to the high level of stigma in communities of color associated with gay lifestyles and men who have sex with men (MSM).

Female teenagers are especially vulnerable to pregnancy as well as STDs including HIV.

Women partners of known/unknown past and current drug users and incarcerated individuals are at increased risk for HIV/AIDS.

*What to Do:* Say, “No Condom, No Sex”! Increase women’s awareness, skills and self- assertiveness aimed at HIV prevention.

B. Obesity - Consider the following:

- More prevalent in women than men
- Much more prevalent in women of color
- Markedly increases the risk of diabetes (Type 2)
- Obesity increases the risk of: hypertension, high blood cholesterol, heart disease, stroke, arthritis, gallstones, and some cancers.

*What to Do:* Calories In = Calories Out! In other words, on a regular basis, and generally daily, if you put those calories in, you must burn them off.

C. Prevalent Disorders in Women with a Cross-cutting Stigma

There are some disorders that are more prevalent in women, and have a cross-cutting stigma, which limits health care access and support. Examples are:

- HIV/AIDS
- Excess drug and alcohol use
- Obesity
- Experiencing domestic violence
- Depression

*What to Do:* Because of their associated stigma, avoidance is best (may not be possible with depression). The second best thing is early detection in order to achieve effective control, if not cure. In addition to the above, it's important to combat the stigma in a coordinated way.

#### Special Actions Needed

Those concerned about increasing access to and quality of health care for women must focus on:

1. Increasing their access to, and use of, health information;
2. Increasing their access to, and use of, health promotion services;
3. Facilitating their increased participation in networking and peer support activities
4. Increased advocacy for needed changes in health policies and health values.

#### The Health Power Web Site:

#### A Key Service for Women and Families, Especially Women of Color

The *Health Power* web site, which is located at [www.healthpowerforminorities.org](http://www.healthpowerforminorities.org) , provides health information that is:

Authoritative

User-friendly

Culturally Relevant

Handouts provided excerpts from the web site, which participants were invited to visit. Our motto is:

**Action's the Way 4 Health Power!**