The Critical State of Black Women's Health

By CaSandra Glover
Health Policy Fellow

January, 2022

Introduction

The state of Black women's health is in critical condition, due to the systemic racism, discrimination, and implicit bias that Black women face within the health care system. To combat the intersecting factors that create an inequitable health care experience for Black women, aggressive strategies must be implemented.

This brief will provide an overview of the multifaceted issues contributing to the status of Black women's health. It will also highlight health policy areas that require urgent attention and immediate intervention. Lastly, it will offer health policy recommendations targeting the institutions, systems, and previous legislation that have both intentionally and inadvertently harmed Black women's overall health. Our goal is to help inform Arkansans of health policy issues impacting Black women and to create partnerships with other community stakeholders in Arkansas to help increase access to health care and improve the well-being of all Black women. Policymakers, health care providers, and community-based organizations must work together to address the health care inequities that plague Black women.

The Toll of Systemic Racism on Black Women's Health

Racism is deeply ingrained in the fabric of this country. It has been woven into all the structures and systems that Black women must navigate on a daily basis. The American Academy of Family Physicians notes that "systemic racism works by categorizing people based on their race, color, ethnicity, and culture."[1] Resources and societal goods are then allocated to certain groups of people in a way that puts some in a position of privilege without merit and allow others to be oppressed. This is evident within our nation's health care system.

Because of the various intersecting identities of Black women in the United States (race, gender, class, sexual orientation, ability, etc.), they are disproportionately affected by health disparities.[2] Black women experience excess mortality (the number of total deaths is greater than should be expected during a certain timeframe) relative to other women in the country and have shorter life expectancies.[3] They are disproportionately impacted by chronic health conditions such as heart disease, diabetes, stroke, maternal morbidity (disease or medical condition related to pregnancy or childbirth) and

ARKANSAS ADVOCATES FOR CHILDREN & FAMILIES

mortality, breast cancer, and cervical cancer. Note, this is not an exhaustive list of the health conditions that disproportionately affect Black women.

Black women also face racism, discrimination, and unconscious bias when receiving medical treatment that results in unequal treatment. Black women have had their concerns and symptoms ignored,[4] and their pain under-treated,[5] and they are referred less frequently for specialty care.[6] These experiences, coupled with the historic exploitation of the Black community, have created a growing mistrust for medical professionals.[7]

Intertwined Relationship Between Racism and the Social Determinants of Health

Racism has a significant influence over the social determinants of health (housing, education, employment). This means that the "conditions in which people are born, grow, live, work, and age" combined with the interrelated social and economic systems that individuals must interact with, impact their health.[8] Income levels, educational attainment, race/ethnicity, and health literacy all contribute to people's ability to access health care services, and safe housing, which is imperative to staying healthy.[9]

The U.S. Department of Health and Human Services groups the social determinants of health into five domains: Economic Stability, Education Access and Quality, Health Care Access and Quality, Neighborhood and Built Environment, and Social and Community Context.

Source: Healthy People 2030, U.S. Department of Health and Human Services, Office of Disease Prevention and Health Promotion https://health.gov/healthypeople/objectives-and-data/social-determinants-health

An example of how systemic racism influences health incomes is the now illegal practice of "redlining," which started in the 1930s and denied or selectively raised prices (mortgages, loans, etc.) to residents of redlined neighborhoods.[10] Redlined communities were deemed "hazardous" for lending and were predominantly low- and moderate-income Black neighborhoods. These neighborhoods were outlined in red on maps and the maps were used to deny mortgages, loans, insurance, and other financial services to residents in those areas and to keep neighborhoods segregated.

Redlining reinforced the discriminatory distribution of resources and services and is a significant underlying cause of the poor health outcomes in Black communities. Residential segregation increases incidents of cardiovascular disease among Black adults.[11] Long-term residential segregation is also associated with higher rates of obesity for Black women.[12] Redlining decreased the opportunity for Black families to create wealth and led to the increase of poverty, greater social vulnerability, lower life expectancies, and higher prevalence of chronic diseases.[13]

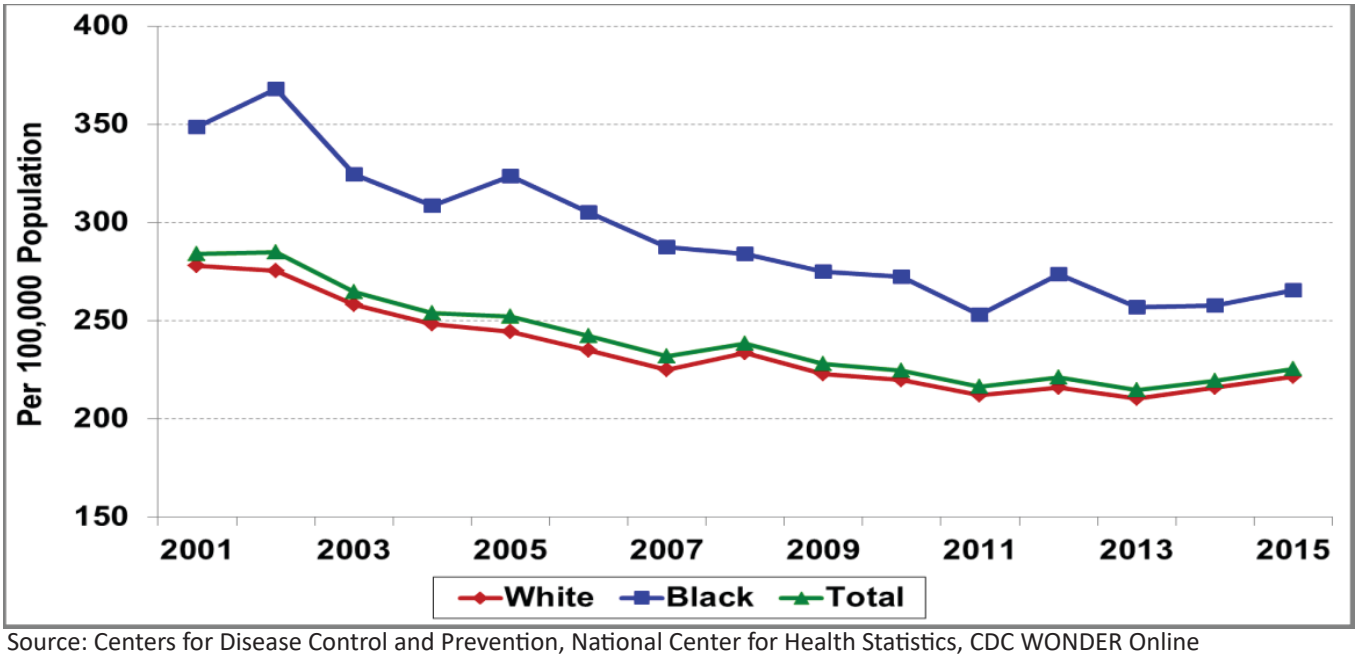
Health Disparities for Black Women

Heart Disease and Stroke

The term "heart disease" refers to multiple heart conditions (coronary artery disease, heart failure, heart arrhythmias, heart valve disease, etc.).[14] In the United States, and in Arkansas, heart disease and stroke are the number one killer for all women, with Black women disproportionately affected.[15] Heart disease kills around 50,000 Black women a year nationally.

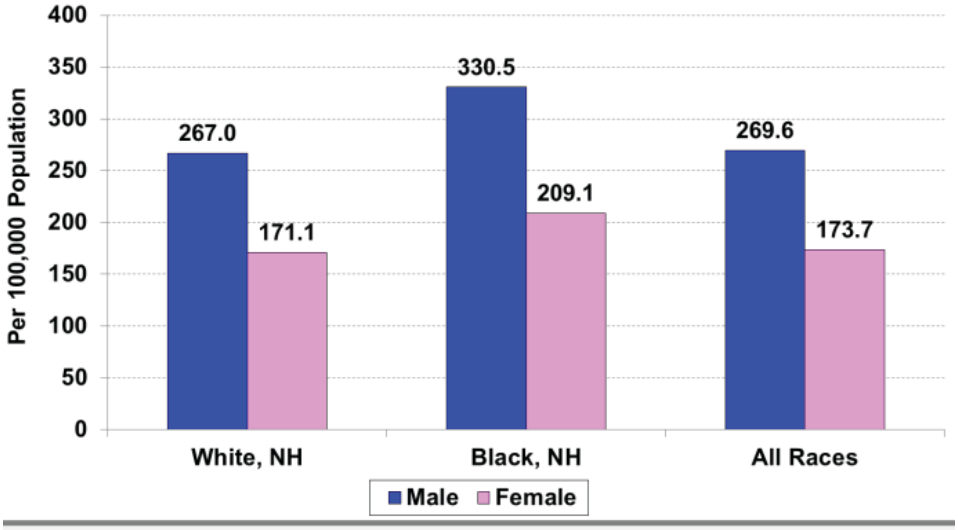
In Arkansas, for Black women aged 20 and older, almost half (49%) have some form of heart disease. Between 2011-2015, the death rate among Black people was 261.2 per 100,000 compared to the rate for White people at 215.2.[16] For that same timeframe, the heart disease mortality rate for Black women was 209.1 compared to 171.1 for White women.

Age-Adjusted Heart Disease Mortality Rates by Race, Arkansas 2001-2015



Source: Centers for Disease Control and Prevention, National Center for Health Statistics, CDC WONDER Online
https://www.healthy.arkansas.gov/images/uploads/pdf/2018_Heart_Disease_Mortality_Disparity_Fact_Sheet.pdf

Age-Adjusted Heart Disease Mortality Rates by Gender and Race, Arkansas 2011-2015



- The **heart disease** mortality rates among Black males and females were a little more than one times higher compared to White males and females.
- Regardless of race, **heart disease** mortality rates were significantly higher among males.

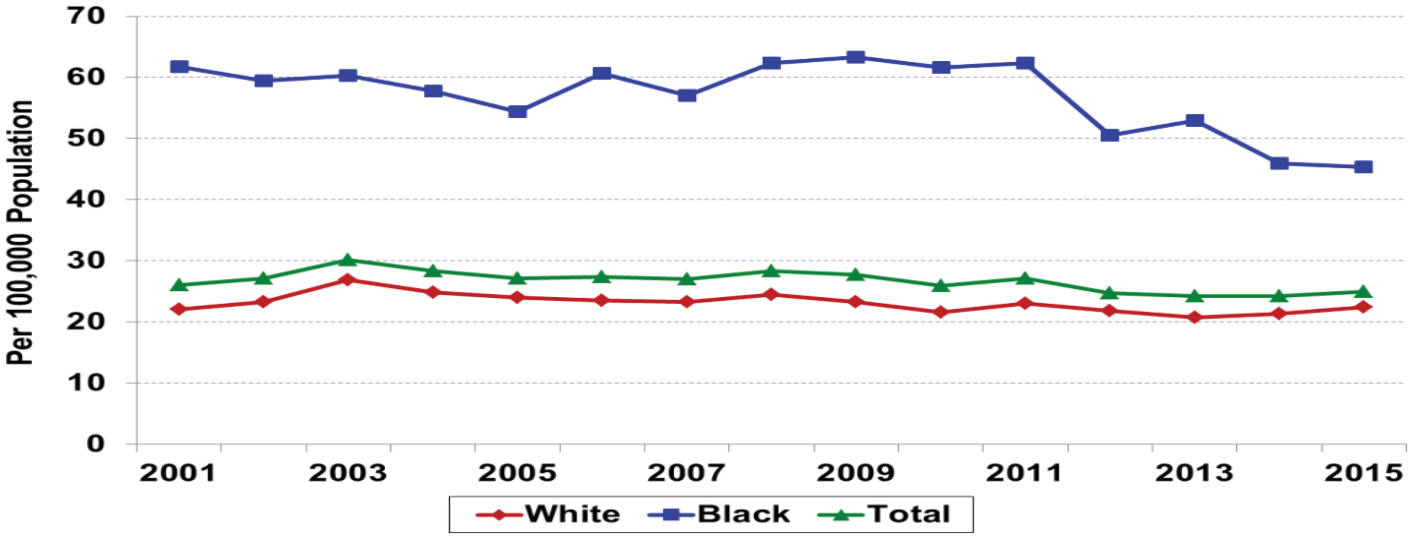
NH=Non-Hispanic
Source: Centers for Disease Control and Prevention, National Center for Health Statistics, CDC WONDER Online https://www.healthy.arkansas.gov/images/uploads/pdf/2018_Heart_Disease_Mortality_Disparity_Fact_Sheet.pdf

Black women are also twice as likely to be at risk for stroke and more likely to die at an earlier age compared to women of other ethnicities. Some of the major risk factors for heart disease and stroke are diabetes, smoking, high blood pressure, high blood cholesterol, physical inactivity, obesity, and a family history of heart disease. These risk factors are all more prevalent among Black people compared to White people. High blood pressure is also two to three times greater in Black than White women, disproportionately increasing the risk of heart disease and other serious health conditions.[17]

Diabetes

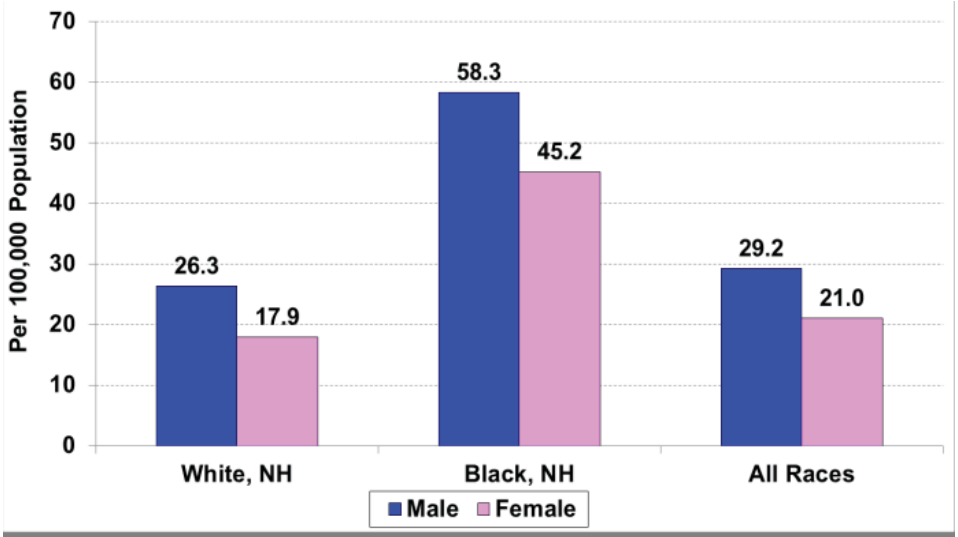
Diabetes is a condition where the body does not use insulin properly and is unable to manage blood sugar.[18] Without proper management, the chronic condition can cause life-altering effects or be life-threatening. Black adults are 60% more likely than non-Hispanic White adults to be diagnosed with diabetes by a physician.[19] The prevalence of diabetes is twice the rate in Black women than in non-Hispanic White women.[20] Environmental factors contribute to a person developing type 2 diabetes. The daily barriers faced by Black women make it more difficult for them to prevent or manage diabetes.[21] Per America's Health Rankings for 2020, the rate of diabetes in Arkansas was 13.6% compared to the national rate of 10.7%. For Black Arkansans, the rate of diabetes was 18.7% compared to 13.3% for White Arkansans. Also, from 2011-2015, the age-adjusted diabetes mortality rate for Black women in Arkansas was 45.2 per 100,000 compared to 17.9 for White women.[22]

Age-Adjusted Diabetes Mortality Rates by Race, Arkansas 2001-2015



Source: Centers for Disease Control and Prevention, National Center for Health Statistics, CDC WONDER Online
https://www.healthy.arkansas.gov/images/uploads/pdf/2018_Diabetes_Mortality_Disparity_Fact_Sheet.pdf

Age-Adjusted Diabetes Mortality Rates by Gender and Race, Arkansas 2011-2015



- There were significant differences in **diabetes** mortality rates by race and gender.
- **Diabetes** mortality rates among Black males and females are about two to two and a half times higher compared to White males and females.

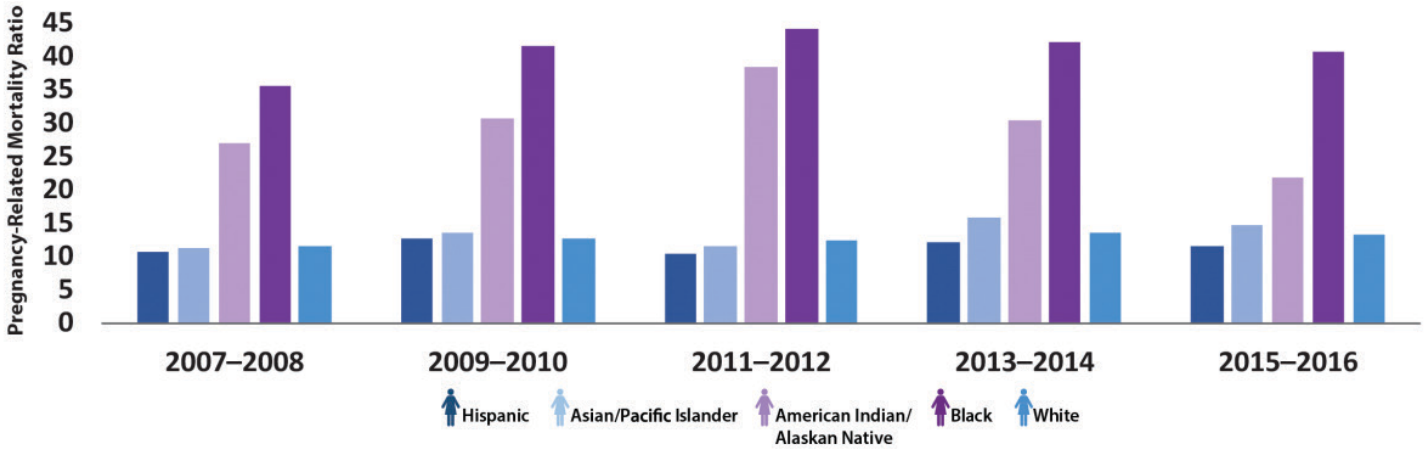
NH=Non-Hispanic Source: Centers for Disease Control and Prevention, National Center for Health Statistics, CDC WONDER Online Database https://www.healthy.arkansas.gov/images/uploads/pdf/2018_Diabetes_Mortality_Disparity_Fact_Sheet.pdf

Maternal Morbidity and Mortality

Black women are more likely to have a high-risk pregnancy because they are more likely to have a pre-existing chronic illness prior to becoming pregnant.[23] Black women are three to four times more likely than White women to experience a pregnancy-related death.[24] Black women are also significantly more likely to have a severe maternal morbidity event at the time of delivery, 2.1% greater than that of White women.[25] In 2018, Black women in Arkansas were 2.2 times as likely to die from pregnancy-related causes than White non-Hispanic women.[26]

Racial/Ethnic Disparities in Pregnancy-Related Deaths — United States, 2007–2016

Data confirms significantly higher pregnancy-related mortality ratios among Black women. These gaps did not change over time.



Source: https://www.cdc.gov/reproductivehealth/maternal-mortality/disparities-pregnancy-related-deaths/infographic.html

Also, Black infants are the most at risk of dying within 28 days after discharging from the medical setting or suffering neonatal morbidities in the time between birth and discharge. Black infants are also at twice the risk of death compared with White infants within their first year of life. Alarmingly, Black infants only represent 15% of all births in this country, but they represent 29% of total deaths.[27] In Arkansas, the infant mortality rate is 6.9 per 1,000 live births compared to the nation's infant mortality rate of 5.6.[28]

Cancer

Breast Cancer

Cancer is the second leading cause of death in the United States.[29] Black women are 40% more likely to die of breast cancer than White women.[30] They are also twice as likely to die if they are over 50 years of age. In 2014-2015, Arkansas's incidences of new cases of breast cancer were 118.3 per 100,000 in Black women compared to 110.4 in White women.[31] Also, the breast cancer death rate for Black women in Arkansas was 29.8 per 100,000 compared to 18.9 for White women.

Black women have the lowest survival rate at each stage of diagnosis. They are also more likely to be diagnosed with triple-negative breast cancer, a form of breast cancer that can only be treated with limited types of medications. Black women are more likely than women of other ethnic groups to be diagnosed later in their breast cancer stage. This is sometimes linked to a lack of health insurance.[32]

Cervical Cancer

Black women in this country die from cervical cancer at more than two times the rate of White women.[33] The death rate from cervical cancer for Black women is 41% higher than that of White women. The five-year relative survival rate is 58% for Black women compared to 68%

for White women. Black women are also more likely to be diagnosed with advanced cervical cancer than any other racial group. The average age of diagnosis for Black women is 51 years, compared to 48 years for White women. More Black and Hispanic women get HPV- associated cervical cancer than women of other races or ethnicities.[34]

The incidence and mortality of cervical cancer disparities are preventable, and both are associated with socioeconomic status, access to treatment, and utilization of care.[35] In Arkansas, the incidence of new cases of cervical cancer was 9.7 per 100,000 in Black women compared to 8.3 in White women for 2014-2015.[36] The death rate for Black women was not available for that timeframe.

These devastating disparities are the results of long-established public policy, and they can be reversed by implementing aggressive health strategies today.

Policy Alternatives and Recommendations

Policymakers, health care professionals and communities must work together to improve Black women's health. Black women face systemic racism and discrimination within and outside the health care system. To create a health care system that equitably serves Black women, targeted approaches are critical.

Below are policy strategies and recommendations that Arkansas can adopt to reverse health care disparities for Black women.

- Address historic and present-day racism's impact on the social determinants of health by creating policies with an intentional racial equity lens
- Expand and maintain access to quality and affordable health coverage through continuous expansion of Medicaid benefits
- Expand access to trusted community health care providers by increasing the number of culturally competent and relevant health care providers
- Improve rural communities' access to providers that specialize in women's health
- Improve the quality of care that addresses the needs of Black women through cultural humility and implicit bias training for all health professionals
- Increase the use of patient-centered delivery models that focus on relationship development and quality of care
- More carefully collect data regarding race and ethnicity in health care settings

Conclusion

In 2019, Arkansas was 49th in health rankings, meaning that the "state has some of the most significant health challenges for women and children."[37] The past two years of the COVID-19 pandemic have certainly not improved those issues.

To ensure that all Arkansans can live healthy, positive lives, we need to create policies to address the disparate health outcomes for Black women. This country has a long-standing history and present-day relationship with racism, to the detriment of Black women. Systemic racism and biases within health care systems have resulted in inequitable and sometimes fatal health outcomes for Black women.

As a state, we must not only recognize this history and the current disparities, but we must focus directly on eliminating these racial biases. To better understand how health inequities are affecting Arkansas, there is also a need for more high-quality disaggregated data that spans across race, gender, and other intersectional factors to provide a clear picture of each and every one of us.

Arkansas can and should develop policy solutions that will address social determinants of health and improve access to affordable and high-quality health care for Black women throughout the state.

Endnotes

1 "Institutional Racism in the Health Care System," American Academy of Family Physicians. https://www.aafp.org/about/policies/all/institutional-racism.html

2 "Using an Intersectional Approach To Study the Impact of Social Determinants of Health for African-American Mothers Living with HIV," Caiola, C.; Docherty, S.; Relf, M.; & Barroso, J. US National Library of Medicine National Institutes of Health, 2015. https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4221802/

3 "Health Equity Among Black Women in the United States," Chinn, J.; Martin, I.; & Redmond, N. US National Library of Medicine National Institutes of Health, 2021. https://www.ncbi.nlm.nih.gov/pmc/articles/PMC8020496/

4 "Black Doctor Dies of Covid-19 After Complaining of Racist Treatment," John Eligon. The New York Times, December 20, 2021. https://www.nytimes.com/2020/12/23/us/susan-moore-black-doctor-indiana.html

5 "Racial and Ethnic Disparities in Emergency Department Analgesic Prescription," Tamayo-Sarver, J.; Hinze, S.; Cydulka, R.; & Baker, D. National Library of Medicine National Institutes of Health, 2003. https://www.ncbi.nlm.nih.gov/pmc/articles/PMC1448154/#r3

6 "The Effect of Race and Sex on Physicians' Recommendations for Cardiac Catheterization," Schulman,K. et al., February 25, 1999. https://www.nejm.org/doi/full/10.1056/NEJM199902253400806#t=articleResults

7 "Transforming Care Understanding and Ameliorating Medical Mistrust Among Black Americans," Hostetter, M. & Klein, S. January 14, 2021. https://www.commonwealthfund.org/publications/newsletter-article/2021/jan/medical-mistrust-among-black-americans

8 "NCHHSTP Social Determinants of Health," Centers for Disease Control and Prevention. December 19, 2019. https://www.cdc.gov/nchhstp/socialdeterminants/index.html

9 "Social Determinants of Health for Rural People," Rural Health Information Hub. March 24, 2020. https://www.ruralhealthinfo.org/topics/social-determinants-of-health

10 "New Findings: Historic Redlining Drives Health Disparities for New Yorkers," Primary Care Development Corporation. October 21, 2020. https://www.pcdc.org/new-findings-historic-redlining-drives-health-disparities-for-new-yorkers/

11 "How Does Housing Affect Heart Health? The Importance of Housing and Cardiovascular Health and Well-being," Sims, M. et al. January 6, 2021. https://housingmatters.urban.org/research-summary/how-does-housing-affect-heart-health

12 "Can Racially Segregated Neighborhoods Increase the Likelihood of Obesity," Carnethon, D.; Goff, Jr.; Gordon-Larsen, P.; Robinson, W.; & Kershaw, K. June 5, 2019. https://housingmatters.urban.org/research-summary/can-racially-segregated-neighborhoods-increase-likelihood-obesity

13 "Redling and Neighborhood Health," Richardson, J.; Mitchell, B.; Meier, H.; Lynch, R.; & Edlebi, J. September 10, 2020.https://ncrc.org/holc-health/

14 "Heart Disease," Mayo Clinic. February 9, 2021. https://www.mayoclinic.org/diseases-conditions/heart-disease/symptoms-causes/syc-20353118

15 "Heart Disease in African American Women," American Heart Association. https://www.goredforwomen.org/en/about-heart-disease-in-women/facts/heart-disease-in-african-american-women

16 "Disparities in Heart Disease Mortality Among Blacks in Arkansas," Office of Minority Health & Health Disparities and Epidemiology Branch. Arkansas Department of Health. 2018. https://www.healthy.arkansas.gov/images/uploads/pdf/2018_Heart_Disease_Mortality_Disparity_Fact_Sheet.pdf

17 "Racial discrimination and the incidence of hypertension in US black women," Cozier, Y.; Palmer, J.; Horton, N.; Fredman, N.; Wise, L.; & Rosenberg, L. National Library of Medicine. February 2, 2006. https://pubmed.ncbi.nlm.nih.gov/16458539/

18 "Type 2 Diabetes: Life doesn't end with type 2 diabetes," American Diabetes Association. https://www.diabetes.org/diabetes/type-2

19 "Diabetes and African Americans," U.S. Department of Health and Human Services Office of Minority Health. March 1, 2021.https://minorityhealth.hhs.gov/omh/browse.aspx?lvl=4&lvlid=18

20 "Perceived racism and incident diabetes in the Black Women's Health Study," Kathryn Bacon et al. Springer Link. August 15, 2017. https://link.springer.com/article/10.1007/s00125-017-4400-6

21 "Why is diabetes more common in African Americans," Hana Ames. Medical News Today. March 29, 2021. https://www.medicalnewstoday.com/articles/diabetes-in-african-americans

22 "Disparities in Diabetes Mellitus Mortality Among Blacks in Arkansas," Office of Minority Health & Health Disparities and Epidemiology Branch. Arkansas Department of Health. 2018. https://www.healthy.arkansas.gov/images/uploads/pdf/2018_Diabetes_Mortality_Disparity_Fact_Sheet.pdf

23 "First Do No Harm: Combatting Black Maternal Health Disparities," Sara Heath. Patient Engagement Hit. August 21, 2020. https://patientengagementhit.com/features/first-do-no-harm-combatting-black-maternal-health-disparities

24 "Working Together to Reduce Black Maternal Mortality," Office of Minority Health & Health Equity. The Center for Disease Control and Prevention. April 9, 2021. https://www.cdc.gov/healthequity/features/maternal-mortality/index.html

25 "Racial Disparities Persist in Maternal Morbidity, Mortality and Infant Health," Gianna Melillo. AJMC. June 13, 2020. https://www.ajmc.com/view/racial-disparities-persist-in-maternal-morbidity-mortality-and-infant-health

26 "Arkansas 2018 Maternal Mortality," Arkansas Maternal Mortality Review Committee. 2018. https://www.healthy.arkansas.gov/images/uploads/pdf/Final_AMMRC_2018_Fact_Sheet.pdf

27 "Racial Disparities Persist in Maternal Morbidity, Mortality and Infant Health," Gianna Melillo. AJMC. June 13, 2020. https://www.ajmc.com/view/racial-disparities-persist-in-maternal-morbidity-mortality-and-infant-health

28 "2021 March of Dimes Report Card," March of Dimes. 2021. https://www.marchofdimes.org/peristats/tools/reportcard.aspx?frmodrc=1&reg=05

29 "Cancer Statistics at a Glance," Center for Disease Control and Prevention. US Cancer Statistics. 2018. https://gis.cdc.gov/Cancer/USCS/#/AtAGlance/

30 "Cancer Disparities in the Black Community," American Cancer Society. 2021. https://www.cancer.org/about-us/what-we-do/health-equity/cancer-disparities-in-the-black-community.html

31 "Cancer Disparities in Arkansas: An Uneven Distribution," Martha Phillips. Arkansas Cancer Coalition. https://publichealth.uams.edu/wp-content/uploads/sites/3/2017/09/Disparities-in-Cancer-report-2017.pdf

32 "Racial Disparities in Breast Cancer State at Diagnosis Linked to Lack of Insurance," Jamie DePolo. Breastcancer.org. January 14, 2020. https://www.breastcancer.org/research-news/lack-of-insurance-affects-stage-for-ethnicities

33 "Black Women's Health Imperative Responds to American Cancer Society Cervical Cancer Screening Guidelines," BWHI Staff. Black Women's Health Imperative. August 18, 2020. https://bwhi.org/2020/08/18/black-womens-health-imperative-responds-to-american-cancer-society-cervical-cancer-screening-guidelines/

34 "HPV-Associated Cervical Cancer Rates by Race and Ethnicity," Division of Cancer Prevention and Control. Centers for Disease Control and Prevention. September 3, 2020. https://www.cdc.gov/cancer/hpv/statistics/cervical.htm

35 "Racial Disparities in HPV-related Knowledge, Attitudes, and Beliefs among African American and White Women in the U.S.," Ojeaga, A.; Alema-Mensah, E.; Rivers, D.; Azonobi, I.; & Rivers, B. US National Library of Medicine National Institutes of Health. February 2019. https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5812850/

36 "Cancer Disparities in Arkansas: An Uneven Distribution," Martha Phillips. Arkansas Cancer Coalition. https://publichealth.uams.edu/wp-content/uploads/sites/3/2017/09/Disparities-in-Cancer-report-2017.pdf

37 "Report Ranks Arkansas 49th in Women's and Children's Health," Elizabeth Montgomery. Arkansas Center for Health Improvement. September 20, 2019. https://achi.net/newsroom/report-ranks-arkansas-49th-in-womens-and-childrens-health/

Arkansas Advocates for Children and Families
1400 West Markham, Suite 306
Little Rock, AR 72201
(501) 371-9678

Northwest Arkansas Office
614 East Emma Avenue, Suite 235
Springdale, AR 72764
(479) 927-9800

facebook.com/aradvocates

@aacf

@aradvocates