

Minority Participation in U.S Health Care

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Emma Crabtree

Throughout my higher education at Michigan State University exploring both Psychology and Anthropology, it became clear that there is a gap in research for minority communities, and an even bigger disparity in health care studies. This paper will discuss the cause of the lack of involvement in studies and how it can further impact minority communities' continuation of health research and community outcomes, and in particular, women of color. Minority women face a unique intersection of identities in the U.S. Not only is sexism playing against minority women's participation in healthcare systems, but inherent racism and a lack of diversified cultural perspective from historically White counterparts within the system are pushing back against those same women. Throughout this paper, multiple studies will be examined to showcase a deep-rooted mistrust resulting from mistreatment of minority communities in healthcare systems that leads to further healthcare discrepancies among minority communities, especially minority women. It will take a very specialized approach focusing on inclusivity and sensitivity in order to make health services safe and inclusive for minorities in the United States, especially for minority women that are oftentimes placed at further disadvantages in these systems.

Education

Education holds a great importance in the United States, given the systems' limited opportunities for career advancement without it. A solid foundation of education throughout K-12 education serves as a crucial foundation for pursuing a secondary education in college or university. Exceptional performance during these years can also provide a scholarship. In the United States, the majority of high-paying jobs mandate a bachelor's degree at minimum. Without this qualification, individuals may be restricted to minimum wage paying jobs or comparable compensation. Public education systems vary vastly depending on the socioeconomic area the school system is geographically located. Local tax dollars fund public school systems, so areas with lower socioeconomic statuses typically see overpopulated schools lacking resources. There are many barriers that the minority communities may face when aiming to obtain a better education. For example, Transportation barriers to those in lower socioeconomic status areas prevent parents from participating in programs such as Schools of Choice in the state of Michigan. Schools of Choice is a program provided by Michigan Department of Education which allows legal guardians to enroll their students in other schools within their district, and even allows non-resident students to enroll in a district other than their own (Michigan Department of Education). Transportation is not provided for these students which makes attending an overall (better) school more difficult for students whose parents work during normal business hours.

Black Community

Racism is enmeshed in inadequate access to health services (Bailey ZD, Kriger, et. al.) In this study, data was collected from Black adults who reported unmet needs for mental health care. The respondents' reasonings were grouped into five major categories: (A) Cost; (B) Stigma; (C) Minimization (did not feel treatment was needed, or that the problem will subdue without intervention); (D) Low perceived effectiveness of treatment; (E) Accessibility barriers (transportation, location convenience, time restrictions). All of these factors can play a substantial role in accessibility to healthcare (Alang, 2019). The overall findings concluded there to be an intensified fear of discrimination based on race and mental illness among college-educated Blacks. An interview conducted with a focus group participant, John, gave a statement regarding his experiences of oppression in other institutions that has shaped a preconceived notion of how he would be treated in receiving mental health care. "They treat us bad in school, at work and on the streets. If I'm not dying I'm not going to the hospital. They'll treat us real bad there too. [Mental health medication] that stuff can mess with you real good" he states. John's statement emphasizes his distrust across multiple systems that stems from past racist experiences. Reviewing John's perspective and beliefs about the health system demonstrates a common thought process around health care systems and how mistreatment in systems, such as the education system and governmental assistance programs (referenced to as 'on the streets' by John), can manifest into a distrust of other institutions such as mental health resource centers. This is problematic as discouraging any community from utilizing mental health resources can lead to

Though respondents were grouped into the five categories from the study above, it is important to note that there very well could be an intersection of these, and more, categories leading to even higher strains to unmet needs for mental health care. The study highlighted a crucial limitation to its own research by acknowledging that this survey did not include populations of Black individuals with significant mental health needs, such as those who are homeless and incarcerated. Acknowledging this gap in research further supports the severity of underrepresentation and an unwillingness to learn and gain a full comprehension regarding the experience of Black people in the United States across all institutions.

In a study provided by Murphy and Thompson (2009), 26 adults (18 were Black) participated in focus groups in order for researchers to better understand the respondents' understanding and opinions about psychological research. One of the primary findings of the research revealed participants' concern with confidentiality surrounding mental illness in families. The National Alliance on Mental Illness California Annual report found that in Black communities, 63% of the population saw mental health conditions as a sign of personal weakness (NAMI, California). Due to cultural and community beliefs persisted by historic mistreatment the Black community has faced, confidentiality is an important factor to seeking care. Historic misjudgements such as enslaved people being viewed as not sophisticated or intelligent enough to develop a mental illness. Slavery was only abolished 158 years ago, not that many generations ago these beliefs were perpetuated onto the Black community and so prosper in these modern day beliefs such as the

stigmatization of mental health. The findings in both of these studies underscore the significance of implementing meaningful initiatives to enhance inclusivity and trust, while combating the stigma of the Black community within the healthcare systems, especially within the mental healthcare system. Mental health crises are rising in the Black communities with 4.8 million Black people reporting having a mental illness (SAMSHA National Survey on Drug Use and Health) and the time to destigmatize and maximize use of mental health facilities is now.

Black Women

Black women in the healthcare system face a complex intersection when seeking quality healthcare. According to American Progress, Black women constitute 13% of the female population in the United States. Despite their increasing numbers, Black women continue to encounter significant health disparities. The Center for Disease Control and Prevention (CDC) reports that Black women are not only disproportionately affected by chronic conditions, but are also facing shorter life expectancies. Although some studies may argue that Black women are diagnosed at a higher rate of chronic diseases and are facing shorter life expectancies due to an overall “higher level of allostatic load, a collection of biological factors [such as] high blood pressure and blood sugar” (Manke, 2019), other research will highlight the necessity for this conversation to include considerations of the impacts of institutional as well as individual forms of racism Black women experience (Chinn, Martin, Redmond, 2021). For example, Residential segregation, according to Williams and Collins, is a fundamental cause of racial disparities in health for Black

women by functioning via multiple intertwined social institutions such as labor markets and education systems that impact overall health outcomes (Collins & Williams, 2021). It is crucial to acknowledge the social conditions created by predominantly, if not unanimously, white (men), and the way those conditions manifest into health disparities being reported without proper acknowledgement. Historically, Black women were not given appropriate or effective care, especially during the development of gynecology in the late 1800s. Dr. J. Marion Sims was a surgeon in Alabama focusing research on Vesicovaginal fistula, an unwanted opening between the bladder and vagina that “results in continuous and unremitting urinary incontinence” (Stamatakis, et.al., 2014). Many researchers have criticized this research arguing his mistreatment of Black enslaved women and the manipulation of the institution of slavery to perform his experiments (Wall, 2006). While these women were seen as slaves, and not able to consent, Black women were left traumatized, used, and discarded. This did not begin and end with slavery for Black women. Among a widely recognized case is Henrietta Lacks. Nearly a hundred years after Dr. J. Marion Sims' mistreatment of slaves, Henrietta Lacks took a visit to John Hopkins Hospital, one of few to accept low-income Black patients, regarding unusual vaginal bleeding. During the visit, Dr. George Gey discovered a large tumor under her cervix and began Lacks on radium treatments. Without her consent, Dr. Gey obtained Lacks' unique cancer cells, that were able to multiply outside of her body in his lab, for research and was able to develop what is known now as “HeLa” cells (John Hopkins Medicine). At first this may not seem as an issue, since these cells are still miraculously replicating in laboratories today, but Lacks' family story represents how

institutionalized racism against Black women has generational impacts. Due only to Henrietta Lacks' race, her treatment options were limited when initially seeking care, and not because of an individual practitioners' racism (Bradley, 2012). And while Lacks' cells in the lab did not make money from the cell line, it has been marketed worldwide (Skloot, 2010). According to PBS, as of 2023 Lacks' family has yet to see compensation. This could very well mean they are living current day lives without access to healthcare to utilize the therapeutic resources she contributed to. The urgency to address these issues of disparities in healthcare, with the information on mental health crises, and the historical mistreatment and manipulation of Black women only emphasizes the critical need for targeted interventions and support to encourage reformative change in the healthcare system.

Latinx communities

The Latinx population is growing exponentially in the United States and is expected to increase from 31 million to 59 million (18% of the population) by 2025 (U.S Bureau of the Census; 1996). Similarly to the Black population, members of the Latinx community are more inclined to feel mistreated in the healthcare system due to their limited language proficiency and ethnicity (Kaiser Family Foundation, 1999). Health literacy refers to the ability to not simply read health related content, but also refers to the ability to comprehend the context of specific situations pertaining to an individuals' health (Kim & Keefe, 2010). Without an interpreter or a native-speaking care provider, individuals who are not native English speakers may not be able to narrate their health concerns, or the

doctors proposed solutions/ health care plans. As noted, Latinx community makes up 18% of our population in the United States, but only six percent of physicians in the United States are Latinx (Anaya, Hsu & Greenwood, et. al, 2023). By not having professionals in the field does this implicate the language barrier that some individuals in the minority community face when seeking healthcare, but furthers a notion onto the community that there is not a place for them in healthcare careers. In order to regain trust within underrepresented communities such as the Latinx community, the healthcare workforce should aim to reflect the communities they serve. Having providers that understand social and cultural norms and differences of their community first hand will ultimately permit them to provide the best care for their community. As an example, it was found that Spanish-speaking Hispanic patients are more satisfied [with their healthcare service] when their provider speaks Spanish (Morales, Cunningham, Brown, et. al., 1999). Language barriers make it more difficult for non-native English speakers to communicate their health issues effectively. This leads to misunderstandings, misinterpretations and overall inadequate healthcare services provided. Ultimately, seeking care from a provider that speaks the same native tongue can improve the Latinx, as well as other non-english speaking minorities, communities' equity in healthcare. Addressing barriers such as this in the Latinx community is a good initial step in ensuring that individuals from diverse linguistic backgrounds have access to quality care. Also, by encouraging education systems to be more inclusive of Latinx and other minority populations, healthcare systems can further address this disparity among Latinx in healthcare provider positions.

Latinx Women

Stereotypes significantly influence the willingness of certain minority groups to seek healthcare. A stereotype is a “standardized mental picture that is held in common by members of a group and that represents an oversimplified opinion, prejudiced attitude, or uncritical judgment” as defined by Merriam- Webster. For Latina women, stereotypes are often perpetuated as being young mothers, loud, ill-tempered, dressing in a sexual manner and so forth. When interviewing young Latina women (YLW) aged 15-19 in Alabama, researchers asked a participant if she feels that being Hispanic influences how she is treated by healthcare providers, her answer:

“Definitely. That’s actually why I stopped going to that doctor. She [the doctor] would make direct snarky comments on me getting pregnant young... Hispanics and Latinas are stereotyped to being young moms, pregnant, and uneducated towards sex or towards even just an education. It’s just a stereotype that you’re not going to go to school, that you’re going to get pregnant and married young, or not even married... ‘Oh, she’s not even going to get married. All they’re going to do is live together and have a whole bunch of kids...’ I definitely don’t like being stereotyped...I decided I was never going back [to the doctor]. (19 years old, born in the US)” (Morales-Alemán, Ferreti, and Scarinci, 2020). This young woman found the discomfort with her healthcare provider during treatment for a potential Urinary Tract Infection (UTI) so profound that she has considered completely avoiding future visits. Serious health problems can arise if a UTI is left untreated in a patient and the infection spreads from the bladder to the kidneys

(Mayo Clinic, 2022). Treatment such as this may also defer a young mother from trusting health providers with their newborns. This can be detrimental to the baby's health and well-being as many life saving vaccines are administered in the first couple years of life. Instances such as these emphasize the need for addressing implicit biases within healthcare systems to ensure equitable treatment for Latina women.

Asian Americans

Asian Americans are a part of the largest and fastest growing racial/ethnic minority group in the United States with a growth rate of 81% between 2000 and 2019 (Pew Research Center, 2020). The largest subgroups of Asian Americans in the United States are Chinese, Indian, Filipino, Vietnamese, Korean, Japanese, Pakistani, Cambodian, Hmong, Thai, Laotian, Bangladeshi, Burmese, Nepalese, Indonesian, Sri Lankan, Malaysian, Bhutanese, and Mongolian (Pew Research Center, 2017). Meanwhile, Asian Americans are frequently grouped together as one "Asian" sub-racial category, leading to their underrepresentation in research (Shah & Kandula, 2020). By not including sub-race categories in research, Asian Americans are placed at a huge disadvantage. Treating Asian Americans as a monolithic group not only perpetuates harmful stereotypes but it also ignores the unique historical, social and cultural differences among Asians and erases their unique experiences. Grouping in this way also hinders researchers' ability to gain a comprehensive understanding of the unique challenges Asian people face when seeking equitable healthcare. For example, ethnic/racial identities can lead medical professionals to underdiagnosed or completely misdiagnose a large population of people.

One of the most exemplifying cases of how this manifests out is the prevalence of type 2 diabetes mellitus, and the similar appearance among Asian Americans and non-Hispanic Whites. A study provided the initial national figures on diabetes prevalence among Asian American subgroups and found that South Asians exhibited the highest prevalence of diabetes at 23.3%, whereas non-Hispanic Whites had a prevalence of 12.1% (Cheng, Kanaya, Araneta, et. al., 2016). The study further found that Asian Americans were more likely to be under-diagnosed, in part due to the misperceptions that they are not at as high of a risk for diabetes than was previously believed by medical providers (Shah & Kandula, 2020). Wrongful reports such as these can further lead Asians to believe that they are not at risk for a disease (such as diabetes), and discourage the community from seeking healthcare if they feel something may be wrong. This highlights the importance for researchers to explicitly identify if Asian subgroup races were not available for participants to select when collecting demographic data. If Asian Americans were to be treated as a monolithic group in this study, the prevalence rate may be overall lower and lead to further misdiagnosis in the community. Diabetes is just one area where we have seen the Asian subgroups have misrepresentation in health status and healthcare needs. While Asian subgroups can be widely spread, and most research is conducted with smaller population samples, this trend has and will continue to disproportionately impact Asian communities' abilities to receive the correct care unless researchers make a conscientious effort to include and identify Asian subgroups in population samples.

Asian Women

As reviewed in the overall population studies of Asian Americans, most studies involving the Asian community leave large gaps in research due to grouping sub-groups into one. This study aimed to describe Asian-born women's cultural beliefs and attitudes towards health, illness, and healthcare practices in the United States. Although it was found that there are some common beliefs shared across each Asian ethnic group, each ethnic group was found to each hold unique health beliefs (Zaho, Esposito, et. al., 2010). This stresses the significance of research aiming to include descriptions of sub-groups of Asian Americans. By perpetuating generalizations such as these could lead Asian American women to feel misunderstood or marginalized in the healthcare system. By not having their individual beliefs represented, their needs may not be accurately represented. This could further lead to a lack of trust in healthcare providers and a reluctance to seek appropriate and timely care.

Conclusion

It is evident that there is a significant gap in research, healthcare services, and encouragement of participation for minority communities in the United States healthcare system, especially in subfields such as mental health and chronic illnesses. Racism, socioeconomic status, cultural differences, and a lack of trust in medical professionals contribute to these disparities. Studies discussed in this paper highlight the specific challenges faced by minority communities in the U.S such as Black/African Americans,

Latinos, Asians and the complex intersection minority women are facing in healthcare as well. It is more than crucial for healthcare services to develop culturally sensitive and inclusive programs that address barriers and encourage minorities to engage, participate, and trust the healthcare system. Additionally, efforts should be made to increase diversity in the healthcare workforce to better reflect the communities they are aiming to serve. Closing this gap in research and healthcare for minority communities is essential for improving health outcomes, reducing health disparities, and creating an overall equitable health care system.

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