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Healthcare Disparities Among African Americans

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ABSTRACT

Throughout healthcare there are numerous factors that play a role in and out of the healthcare setting such as: gender, ethnicity, socioeconomic and disability status¹. Having a diverse environment is an important accomplishment to strive for because it is directly related to increased patient health outcomes and quality of life². For centuries African Americans have faced adversity with regard to the health care system. They have not been granted the same opportunities to access health information when compared to others. Kumar and West imply that racism, class inequality, financial hardship, and poverty are major contributors in the widening health care disparity gap³. Unintentional bias and provider mistrust contributes to the current healthcare disparity gap amongst African Americans. Rebuilding trust between African American patients and their providers, creating respectful rapport, engaging in open communication, and actively addressing the traumas this country has created are crucial steps toward closing the health disparity gap.

Keywords: African Americans, health disparities.

INTRODUCTION

Throughout healthcare there are numerous factors that play a role in and out of the healthcare setting such as: gender, ethnicity, socioeconomic and disability status¹. Having a diverse environment is an important accomplishment to strive for because it is

directly related to increased patient health outcomes and quality of life². African Americans experience unjustifiable economic conditions despite significant economic progress when compared to their caucasian counterparts⁴. These economic differences are a result of low-wage jobs, lack of retiree health benefits, exorbitant out-of-pocket expenses, and limited financial resources contributing to the inability to access and receive high quality healthcare⁵. These alone make having a diverse healthcare environment a necessary and important accomplishment to strive for. A diverse healthcare environment is directly linked to increased patient health outcomes and quality of life².

In order for healthcare organizations to become equitable and inclusive they need to ensure everyone feels welcome and able to fully participate in the development opportunities and decision-making processes regarding their care¹. They need to provide fair treatment, access, opportunity, and advancement while simultaneously eliminating barriers⁶. Lee et al.² found that there was a high percentage of healthcare organizations that are not diverse, equitable, or inclusive especially when it comes to minorities. There is a shared belief that these groups are not reliably treated with fairness and respect largely due to cultural differences; which in turn has immensely affected their patient-provider relationships⁶. Minority communities have consistently received a lower quality of care, have higher disease rates, and have higher infant mortality rates when compared with their Caucasian counterparts⁷.

DISCUSSION

Historically, African Americans have faced adversity with regard to the health care system. They have not been granted the same opportunities to access health

information when compared to others. Kumar and West¹ imply that racism, class inequality, unintentional bias, financial hardship, and poverty are major contributors in the widening health care disparity gap. The unintentional bias that African Americans face are based on the thoughts and feelings of their providers, which has been found that Caucasian patients are nicer and more intelligent than their African American counterparts. This unintentional bias results in Caucasian patients receiving preferential behavior, such as more extensive evaluations and treatment plans. Whereas African American patients are given less extensive exams and noncomprehensive treatment plans, largely due to the belief that they are less intelligent and are less likely to adhere to their treatment plans. This type of bias further adds to the mistrust that African Americans have towards their healthcare providers and influences their decision in seeking out preventative and life saving care⁸.

There is a significantly higher rate of healthcare disparities in the African American population when compared to non-minority populations². Unfortunately health disparities for African Americans can be seen just as heavily now as in the past. The most recent disparity can be seen with the COVID-19 Pandemic, since April 2020, there has been a significant amount of COVID-19 related mortalities in African Americans in the U.S. In areas where African Americans make up 30%, research has shown, they account for 51-70% of COVID-19 related deaths; with an increased incidence in areas that African Americans make up more than 90%⁹. There is a positive correlation of increased COVID-19 cases and deaths in areas where there are lower rates of health insurance, higher incidences of chronic diseases, and lower socioeconomic statuses⁹.

The rationale for these disparities are complex and they reflect their social and

economic differences³. Kim et al¹⁰ found that African Americans have less trust in Caucasian clinicians than they do in African American clinicians due to a history of cultural insensitivity and misunderstanding, which has ultimately led to a higher rate of non-adherence and mistrust in the healthcare system³. This mistrust stems from the inhumane and unethical treatment of healthy uninfected African American men that were enrolled in a medical study under the impression of fixing their medical ailments, when the true purpose of the study was to observe the effects Syphilis had on the body. The experiment went on for 40 years, long after Penicillin, the treatment of choice, was found¹¹. As a result of their provider mistrust, African Americans are becoming a more vulnerable population³; diabetes, obesity, stroke, cardiovascular disease, cancer³, infant mortality, and maternal mortality¹² are disproportionately higher when compared to other ethnicities and minorities³. Fortunately, Johnson and Stewart¹² found that patients have improved health outcomes, such as a 20% reduction in cardiovascular disease and improved infant mortality, when they are cared for by clinicians of the same ethnicity. As seen in the literature it is apparent that there are healthcare disparities in the US for African Americans. The topic has become a forefront to reduce the negative outcomes in African Americans in their healthcare. With continued research and work towards equality in healthcare we should see improved outcomes with African Americans with caucasian healthcare workers.

CONCLUSION

There are only a few recommendations; implementing any of them would be a positive stride forward in improving diversity and inclusion in medicine. Johnson and Stewart¹² identify specific actions that assist in increasing the diversity in healthcare,

which includes: increasing the diversity of candidates for training programs, increasing the retention of underrepresented and minority trainees, and establishing inclusive, transparent avenues to advancement, leadership, and the participation in scientific research. Incorporating a system that encompasses diversity, equity, and inclusion will be a long and difficult process so we must ensure we prevent an increase in structural racism and sociodemographic-based health disparities⁷. It is the hope that over time these changes will decrease the amount of mistrust African Americans feel towards their healthcare providers, improve the patient-provider relationship, and positively impact their healthcare outcomes.

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