Statement on Women’s Health

Student National Medical Association
Health Policy and Legislative Affairs Committee
Statement on Women’s Health

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INTRODUCTION

Established in 1964 by medical school students of the Meharry Medical College, the Student National Medical Association (SNMA) is the nation's oldest and largest organization focused on the needs and concerns of medical students of color. Additionally, the SNMA is dedicated to practices leading to better health care for minority and underrepresented communities. As these communities are disproportionately subject to the consequences of any discriminatory practices, including those against women, the SNMA strongly opposes any legislation or practices that create or maintain barriers to health care access for women and supports legislation, such as the Affordable Care Act (ACA), that decreases disparities in women’s health.

BACKGROUND

Health disparities are “differences in the quality of care that are not due to access-related factors or clinical needs, preferences or appropriateness of the intervention.”¹ Despite the advances made in the healthcare arena, women of color still suffer from a poorer quality of life in comparison to their White counterparts. Ikemoto² states that though many efforts have been made to shed light on health disparities in general (and thus focused on race, socioeconomic status, and behavior), the specific health needs of women of color have failed to be addressed. It has been noted that women of color disproportionately suffer with respect reproductive health outcomes,³ breast cancer,⁴ HIV/AIDS,⁵ diabetes mellitus,⁶ cardiovascular disease,⁷ and access to care,⁸ to name a few documented inequities. The remainder of this position statement will focus on specific examples of the aforementioned health problems and define the position of the SNMA on the topic of health disparities and how it afflicts women of color.

The Affordable Care Act has introduced provisions to help combat health disparities. One of the methods to help reduce health disparities calls for continued reporting of health information by race, ethnicity, and in some cases, language to aid in evaluating health status and health care needs.⁹ An important provision of the ACA seeks to reinforce increasing diversity in medicine, nursing, mental health and other healthcare professions. This provision is being further supported by collecting and publicly reporting data on workforce diversity, increasing diversity among primary care providers, increasing diversity among dentists, and investing in Historically Black Colleges and Universities (HBCUs), among other actions.⁹ These initiatives hope to increase the
amount of physicians that practice in underserved communities and to decrease cultural and/or language barriers.⁹

Additionally, the ACA has provisions to ensure that all healthcare providers are trained to be culturally competent. Methods to accomplish this provision include developing and evaluating cultural competence (CC) curricula and initiating a loan repayment preference for experience in CC.⁹ Other propositions to decrease health disparities revolve around research, prevention, and insurance reform. With respect to research, increasing support for collaborative research on cultural competence, postpartum depression, and pain management are a few areas of interest. Examples of proposed prevention efforts include oral health campaigns focused on minorities, maternal and child home visits for at-risk communities, and culturally appropriate health education material. Lastly, in order to address health disparities through health insurance reforms, the ACA proposes enrollment outreach for low-income populations. This will provide coverage summaries that are culturally appropriate and incentivize a payment structure that reduces disparities.⁹ The aforementioned are only a few examples of how the Affordable Care Act attempts to eliminate healthcare disparities and it is important for all healthcare providers to become familiar with its full-scope.

**SCOPE OF THE PROBLEM**

*Access to Healthcare*

Access to healthcare has played a large role in women of color’s maneuvering within the healthcare system. Latina and Black/African American women are consistently more likely to be uninsured or use Medicaid as compared to their White counterparts, who are more likely to utilize employer-issued health insurance. Furthermore, Latina women were more likely to have gaps in healthcare coverage, followed by Black/African American women, and then White women.¹⁰,¹¹ In addition to not having financial means to afford healthcare, women of color were also less likely to consult a doctor when necessary, less able to visit a specialist as needed, more likely not to have necessary prescriptions filled due to cost, more likely to encounter transportation and child care challenges, and less likely see a doctor because they could not get time off of work.¹²,¹³,¹⁴ Additionally, another barrier to access of care is cultural and linguistic incongruence. The failure
to tailor healthcare to the patient’s social, cultural, and linguistic needs has been identified as a compounding factor that leads to discrepancies in the delivery of quality healthcare.\textsuperscript{14, 15}

**Reproductive Healthcare**

Health disparities are also noted in reproductive wellness. Early detection of dysplastic cells through the use of Pap Smear tests is associated with decreased mortality from cervical cancer. However, some minority groups are less likely to receive Pap smear tests and are prevented from receiving the proven benefits of this risk reduction. Groups that have notably suffered from high rates of cervical cancer are Vietnamese women, Alaskan Natives, and Latinas. Additionally, Black/African American women have higher incidence and mortality rates due to cervical cancer in comparison to White women.\textsuperscript{16, 17}

Another grave issue within reproductive health is the high rates of maternal and infant morbidity and mortality in women of color. Non-White women have higher rates of preterm birth, low birth weight, and infant mortality than their White counterparts, with rates of infant mortality for Black/African American women up to 3 times greater than their White counterparts.\textsuperscript{18, 19} Women of color are also more likely to initiate prenatal care later than White women.\textsuperscript{3} Furthermore, maternal mortality rates due to pregnancy complications are 3 times higher in Black/African American women and twice as high for American Indian and Alaskan Native women in comparison to White women.\textsuperscript{20, 21} In terms of the most common pregnancy complications leading to mortality, Black/African American women did not have a significantly increased prevalence rate, however they are 3 to 4 times more likely to die from complications than their White counterparts.\textsuperscript{22} It is important to note that these inequalities are observed even when controlling for education and socioeconomic status, and therefore are believed to be rooted in Black mothers’ experiences of race, class, and gender, rather than genetic biological factors.\textsuperscript{23} Lastly, although mothers of color are more likely to report perinatal mood and anxiety disorders, such as postpartum depression, they are less likely to receive treatment.\textsuperscript{24}

**Breast Cancer**

Breast cancer has also plagued minority groups at different rates than Whites. Though the incidence rate of breast cancer is higher in White women, mortality due to breast cancer is higher
in Black/African American women. The age-specific incidence rate of breast cancer is 125.6 and 123.3 in White and Black/African American women, respectively, whereas the mortality rate is 19.8 and 27.6.\textsuperscript{25} Also, Black/African American women are typically diagnosed with a more advanced stage of breast cancer at the time of diagnosis,\textsuperscript{25} more likely to be obese (a risk factor for breast cancer), and more likely than White women to be diagnosed with breast cancer below the age of 45. Despite the rate of screening being similar between the two groups (51\% for Black/African American women vs. 52\% for White women),\textsuperscript{26} some of the discrepancies in advanced staging and higher deaths rates may be due to irregular intervals between screenings and delayed follow-up of abnormal test results.\textsuperscript{2,4}

**HIV/AIDS**

HIV/AIDS has had a devastatingly deadly impact on Black Americans. Those who identify as Black/African American accounted for 43\% of new diagnoses of HIV/AIDS in 2016 and 52\% of deaths due to HIV/AIDS in 2015. Incidence of HIV in Black/African American women is more than 15 times the rate in White woman, with an almost 8-fold increased likelihood of mortality compared to White women. HIV/AIDS is the 4\textsuperscript{th} leading cause of death among Black/African American women.\textsuperscript{5,27,28}

**Diabetes**

Type II diabetes is also more prevalent in women of color than in White women. Age-adjusted incidence of diabetes was found to be highest among American Indians/Alaska Natives (15.1\%), non-Hispanic Black/African Americans (12.7\%), and people of Hispanic ethnicity (12.1\%).\textsuperscript{29,30} Higher rates of diabetes-related complications, mainly amputations and kidney disease, was found in Blacks/African Americans, Hispanics, Asians, and Native Americans compared to non-Hispanic Whites.\textsuperscript{31,32,33} One study also showed greater rates of diagnosis of gestational diabetes mellitus (GDM), pregnancy-induced diabetes, in Asian, Hispanic, and Black/African American women compared to their White counterparts, with percentages of 6.8\%, 5.4\%, 5.5\%, and 3.1\% being reported, respectively.\textsuperscript{30,34}

**Cardiovascular Disease**
Cardiovascular disease is the number one killer of all Americans; however, health disparities have also been noted in incidence and mortality rates for women due to cardiovascular disease. Black/African American women are 40 percent more likely to die from cardiovascular disease than White women. Minorities were also found to have more predisposing factors that are often correlated to increase incidence of cardiovascular disease such as hypertension, diabetes, and obesity. In fact, it was reported that three or more risk factors for a heart attack were present in 57 percent, 40 percent and 32 percent of Latina, Black/African American, and White women, respectively.

Through several initiatives, governmental and non-profit entities have attempted to raise awareness of health disparities among the lay public and the healthcare community, and small improvements have been made to ensure that health disparities are indeed eliminated. The Student National Medical Association continues to provide valuable information to its members in hopes of encouraging all future healthcare providers to join in the fight to eliminate health disparities across racial groups, sexes, and other disadvantaged populations.

**STATEMENT OF POSITION AND RECOMMENDATIONS**

We, the members of the Student National Medical Association, recognize that advances in the healthcare field have increased the average lifespan and quality of life for Americans. We are also aware that certain groups, particularly women of color, are not experiencing the same benefits as White women. Thus, we seek to empower our members to be at the forefront in eliminating health inequities for all women. Therefore, the SNMA supports the following measures:

1. The SNMA supports the Affordable Care Act and provisions that are intended to help decrease health disparities.

2. The SNMA supports primary and secondary prevention as effective tools to help citizens achieve an optimal quality of life. This includes educating patients about hypertension, diabetes, cancer, and HIV/AIDS, as well as encouraging them to take advantage of screening tests.

3. The SNMA supports equipping future healthcare providers with health disparity information to encourage them to be a part of the solution rather than the problem.
4. The SNMA supports efforts to study and address the disproportionate rates of maternal morbidity and mortality affecting Black/African American women and other women of color.

5. The SNMA supports the growth of governmental, public health, and non-profit entities (for example, the >AIDS Campaign)\textsuperscript{38} whose goals are to spread awareness of health disparities and provide tools to help decrease the prevalence of diseases that are detrimental to the health of minority women.

6. The SNMA supports the recognition of social determinants of health as major contributors to poor health outcomes in minority women.
REFERENCES


