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No Good Shots: An Analysis of the Underrepresentation of Black Female Health Care Providers

By: Lauryn Futrell

Abstract

The purpose of this paper is to bring awareness to the lack of diversity in the medical field, and how Black female health care providers can produce better health outcomes in the African American community. This paper reveals that patient care is better managed when strong relationships and effective communication exist between patients and their doctors. This conclusion helps explain why Black patients are less likely to seek out preventative care and in turn have lower health outcomes compared to their white counterparts due to a general lack of cultural competence among most white doctors. Black people have been pervasively marginalized due to racism and years of oppression and racial discrimination is still a significant social determinant of minority population health (Cruz J ,707-720). This paper explores how an increase of Black women in the medical field could help in repairing the relationships that patients in the African American community have with their doctors.

Introduction

While African Americans make up 14% of the U.S population, they are grossly underrepresented in the medical field, with only 7.7% of doctors and physicians identifying as Black (United States Census Bureau). Conversely, African Americans lead the U.S. in mortality rates from heart disease, cancer and diabetes (Braithwaite et al. 3-5). In 1992, Black females

were 3.1 times more likely to die from preeclampsia, a condition that can develop during pregnancy characterized by high blood pressure (hypertension) and protein in the urine proteinuria (Atrash, Hani K). This leads researchers to believe that the disproportionate mortality rates are due to physician's lack of cultural competence, and possibly lack of empathy by white healthcare providers when it comes to African American patients seeking medical treatment.

The history in the U.S. of medical malpractice towards African Americans is one of the reasons that contribute to why members of the African American community are distrustful of white health care providers and less likely to seek health care. One example is during the mid 1800's when Black women were used as test subjects by James Marion Sims for his repair of vesicovaginal fistula. He conducted his research without any anesthesia, or pain medication because he thought Black people had a higher pain tolerance. Sims is now known as the "Father of gynecology" for his invention of the vaginal speculum and his surgical techniques that were discovered at the expense of Black bodies (Brynn, Holland). Physicians similar to James Sims made it hard for African Americans to come forward for medical treatment.

Research Question

- To what extent will an increase of African American women health care providers produce better health outcomes for the African American community and beyond?

Thesis Statement

- An increase of African American women in the medical field will most likely result in better health outcomes for the African American community, due to greater cultural competence and the ability to combat value distrust.

Terminology

The following terms and phrases need to be defined in the context of this research paper. *Cultural Competence* is the ability to understand, communicate with and effectively interact with people across cultures (Betancourt et al. 293–302). In the medical field, addressing cultural competence means recruiting minorities into health professions, developing interpreter services and language appropriate health educational materials, and providing education on cross cultural issues (Green 303-308). The phrase *value distrust* is used to describe the lack of trust that patients feel towards their doctors in respect their community and personal values. Additionally, an important term to note is *microaggressions*. Microaggressions are statements, actions, or incidents regarded as an instance of indirect, subtle, or unintentional discrimination against members of a marginalized group, such as a racial or ethnic minority. White doctors are often unaware that they engage in such communications when they interact with racial/ethnic minorities (Vox).

Methodology and Literature Review

The majority of the literature was collected through the use of Duke Library, and Google Scholar. The Artemis Medical Society provided ;in depth; information detailing the underrepresentation of African American females in the medical field. The Black Doctor Organization (BDO) provided information about the relationships between doctor and patient, and explained the benefits of diversity in the medical field. The importance of cultural competence and trust in the medical field has been widely researched since the early 2000s. While most research confirmed in the thesis, a study by Street. Jr, Gordon, and Haidet provided an opposing argument.

Synthesis of Findings

Underrepresentation in The Medical Field

As America continues to become more diverse, the medical field is far behind that trend, resulting in the lack of diversity amongst its doctors. According to Cynthia Epstein, statistics show that Black women in the medical field face challenges such as discrimination, racism, and self-efficacy (Epstein and Cynthia Fuchs 912–935). Out of all surgeons in the U.S., only 20% are Black, which mirrors the increasingly low amount of Black women in the medical field. At an alarming rate, 2% of all doctors and physicians are Black women (Roter). Eighty-six percent of African American women say that their race and gender is a barrier to success in the medical

field (National Center for Biotechnology Information and U.S. The National Library of Medicine). There are factors that elucidate to the underrepresentation on Black females in the medical field. Those are educational pipelines, interventions at the college and graduate school levels (Health Affairs).

Educational pipelines are the single largest impediment of more diversity in the medical field. Disparities in academic achievement are apparent as early as kindergarten. When people of color go to college, they may not receive support from professors. It is striking enough to note that the lack of gains in enrollment of underrepresented minorities in schools of medicine, in the past decade this occurred at a time when college educated underrepresented minorities in the United States was steadily growing (Health Affairs). This doesn't mean that black students aren't capable of graduating this means the school system set barriers for them to succeed.

Although Black women are underrepresented in the medical field, they are overrepresented in pregnancy mortality rates. The Black female mortality rate is 0.0428 % and white female pregnancy mortality rates is 0.013%, meaning Black females are 3.3 times more likely to die during childbirth.

Lack of Knowledge and Trust

Research shows that patients feel more comfortable when they have doctors that look like them, or have the same ethnic and cultural backgrounds as them (Gordon, Howard). White doctors often treat Black patients worse compared to their white patients because they perceive Black patients as less effective communicators (Artemis Medical Society). Black patients who have lower education aren't given equal treatment, and some doctors do not fully explain

medical knowledge. For example, doctors are less likely to explain side effects and future ramifications to people without higher education. That could include differences in communication styles and information given by the doctor. Compared to white patients, Black patients receive significantly less information about their medical procedures and produce significantly fewer active participation utterances (Akerley et al. 1681–1688.)

Lack of Cultural Competence

White doctors may show microaggressions to Black patients when rushing through important procedures or information during a visit, contributing to stress for the target person, which may partly account for racial health disparities. An example of this is shown specifically in clinical care. Microaggressions contribute to the undermining of physician-patient relationships and preclude relationships of trust (Freeman 411-449). Freeman expresses an example of microaggressions in healthcare, where white nurses may communicate hidden messages like, “I don’t notice color, so I can’t be racist” or even so called positive messages like “I work with a lot of black people,” when it is not needed. These may be constructed as whites trying to avoid seeming racist, but they are in fact damaging their patients with microaggressions.

Misdiagnosis, lack of empathy, and aloofness can result from insufficient doctor explanations (Society of Counseling Psychology). Receiving inadequate or lower quality care can make Black patients feel uncomfortable going to the doctor, even though their medical issues may be very advanced. These same patients may feel like their values are undermined or they are not worthy of the same care as their white counterparts. Thus, having more African American female physicians and surgeons can help improve the health outcomes for Black patients in

America. History has shown that African American women are by nature caregivers, who are empathetic and nurturing to everyone regardless of their race and ethnicity.

Conclusion

Increasing rates of African American women in the medical field can benefit the African American community by providing better health outcomes due to their ability to provide holistic care and combat medical treatment distrust from Black patients. They bestow adequate care that leads to better outcomes of Black patients (Hall 25–38). History has shown that white doctors have mistreated and taken advantage of Black people in America leading to racial tensions and inferior quality patient care. The University of Toronto conducted randomized trials of cultural competency training and found that future studies should focus on methods to build on increased clinician awareness (Sue). This could possibly happen through programs that engage patients and the community in more effective management of diabetes and incorporate the skills of other allied health professionals, including nurses, pharmacists, and nutritionists (Gordon). A solution to the underrepresentation of African American women in the medical field is to create more pipeline programs that start in highschool for minorities who are interested in healthcare, but do not have the resources. Although, not all of this research has been proven, this topic has room for additional studies and should continue to be researched further. Continuing studies should be done because of the importance of diversity in America, especially in the medical field.

Works Cited

- Artemis Medical Society Anthony Galace. "Breaking Down Barriers for Women Physicians of Color." 16 Nov. 2017
- American Cancer Society " Cancer facts and figures for African Americans" 2019-2021
- Armstrong, Katrina, et al. *Differences in the Patterns of Health Care System Distrust Between Blacks and Whites*, June 2008.
- Alhusen, Jeanne L, et al. "Racial Discrimination and Adverse Birth Outcomes: An Integrative Review." *Journal of Midwifery & Women's Health*, U.S. The National Library of Medicine, Nov. 2016
- Atrash , Hani K. "Pregnancy-Related Mortality from Preeclampsia and Eclampsia." *Obstetrics & Gynecology*, No Longer Published by Elsevier, 21 Mar. 2001,
- Buck, Kimberlee. "Women of Color Physicians Severely Underrepresented in the Medical Field." *Los Angeles Sentinel*, Artemis Medical Society, 21 Dec. 2017.
- Black Doctor Organization (BDO) Jideonwo, Peter. "With A Shortage Of Black Doctors, Who Will Care For Black People?" , 24 Aug. 2015.
- Betancourt, Joseph R, et al., "Defining Cultural Competence: a Practical Framework for Addressing Racial/Ethnic Disparities in Health and Health Care." *Public Health Reports (Washington, D.C. : 1974)*, Association of Schools of Public Health, 2003
- Cruz J, et al., "It's the skin you're in": African-American women talk about their experiences of racism. 2011;22:707-720.
- Duke University Libraries Gordon, Howard S., et al, "Racial Differences in Doctors' Information-Giving and Patients' Participation - Gordon - 2006 - Cancer - Wiley Online Library." *Cancer*, John Wiley & Sons, Ltd, 14 Aug. 2006.
- Debrah Roter, L. "Physician Gender Effects in Medical Communication." *JAMA*, American Medical Association, 14 Aug. 2002.
- Epstein, Cynthia Fuchs. "Positive Effects of the Multiple Negative: Explaining the Success of Black Professional Women." *American Journal of Sociology*, University of Chicago, Jan. 1973.
- Green , Alexander R. "Search Results." *SAGE Journals*, Public Health Reports

Hall , Joanne, and Becky Fields . “Race and Microaggression in Nursing Knowledge Development : Advances in Nursing Science.” *LWW*, Jan. 2012,

Holland, Brynn. “The 'Father of Modern Gynecology' Performed Shocking Experiments on Slaves.” *History.com*, A&E Television Networks, 29 Aug. 2017

Khullar, Dhruv. “Even as the U.S. Grows More Diverse, the Medical Profession Is Slow to Follow.” *The Washington Post*, WP Company, 23 Sept. 2018.

Street, Richard L. “Physicians' Communication and Perceptions of Patients: Is It How They Look, How They Talk, or Is It Just the Doctor?” *Social Science & Medicine*, Pergamon, 25 Apr. 2007.

Williams, J. Corey. “Black Americans Don't Trust Our Healthcare System - Here's Why.” *The Hill*, Yale University Department , 25 Aug. 2017.



THE
SAMUEL DUBOIS COOK
CENTER ON SOCIAL EQUITY

AT DUKE UNIVERSITY

The Samuel DuBois Cook Center on Social Equity

2024 West Main Street, Box 104407 • Durham, NC 27705 • socialequity@duke.edu