



American Medical Women's Association

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American Medical Women's Association Position Paper on Principals of Minority Women's Health

Minority women's health status varies from poorer to better than the U.S. average for all women. On the whole, however, minority women suffer higher disease-related morbidities and mortalities than non-minority women.⁸ There are many socioeconomic, political, and cultural factors contributing to the overall poor health status of women of color. In discussing the health of minority women, four major groups warrant consideration: Native American; Hispanic; African American; and Asian American and Pacific Islander.

Although health status often differs within minority groups by socioeconomic status, women of color often face the social stress of heading single-parent households, raising children with limited resources.⁴ Unemployment or work in low paying/high stress jobs directly contributes to an increased incidence of depression, mental illness, drug/alcohol abuse, and hypertension. Hypertension is an independent risk factor for coronary heart disease in all populations.²

As targets of alcohol and tobacco advertising, women of color are often encouraged to engage in unhealthy behaviors. They are less often publicly educated about the utility of preventive health behaviors. The high incidence of preventable and curable diseases in this population highlights the need for such education. Women of color have an overall increased incidence of cervical cancer and HIV infection; in addition, they have elevated breast cancer-related mortality and infant mortality compared to their non-minority counterparts.^{3,4,6}

The lack of research protocols designed to recruit and retain women of color in clinical trials may also contribute to poor health outcomes. Without relevant clinical studies, it is difficult to adequately address the health needs of any population. Due to low clinical trial participation rates, current treatment and diagnoses for women of color are based on research performed primarily on non-minority, and frequently, male populations.

In addition to these issues, women of color often face the added burden of discrimination and cultural incompatibility with care providers. Cultural incompatibility may result from the lower proportions of minority and women practitioners in the U.S. The under-representation of these groups in the physician workforce hinders the creation of a culturally compatible health care setting. Comfort with a physician positively impacts utilization of services and compliance and results in increased access to care.¹

Insurance status also influences access to care. As a group, minority women represent a large proportion of the uninsured and underinsured. The underinsured are often forced to use hospital emergency departments as their main source of primary care. Emergency department visits rarely provide adequate preventive screening services and offer no continuity of care.

THE PROBLEM

The complex interaction of socioeconomic, cultural, and political issues directly affects the overall health of women of color in the United States.

- Native American women suffer chronic liver disease and cirrhosis at an incidence five times higher than that for other populations.⁴

- In 1993, the National Cancer Institute reported that 55.4% of all clinical trial participants were women. Less than 10% of those women were minorities.⁶
- 53% of Hispanic women report severe depression versus 37% incidence in non-minority populations.⁵
- 40% of all Black women are hypertensive as opposed to a 25% incidence for white women.²
- Minorities and women are under-represented in the physician workforce. Women make up 51% of the total population, but only 19% of the physician workforce. Native Americans comprise 0.8% of the population, yet represent a mere 0.1% of all physicians. Hispanics and Blacks constitute 21.1% of the US population, however combined, they comprise less than 10% of American physicians.^{1,7}
- 72% of all women infected with HIV are either Black or Hispanic.³
- Hispanics and some Asians are 2.5 times as likely, and Blacks 1.8 times as likely to be uninsured.⁴
- Minority women have a shorter life expectancy than non-minority women.⁸

RECOMMENDATIONS

In an effort to improve the mental and physical health of minority women, AMWA supports:

1. The development of research protocols designed to address specific health issues faced by women of color. These studies should include members of the most affected populations.
2. The availability of continuing medical education emphasizing social and cultural influences on the health of minority women.
3. The incorporation of social and cultural experiences of women of color into research protocols and treatment regimens.
4. The creation and implementation of patient-oriented health educational programs for minority women. These programs should be presented in the woman's native language and set in a comfortable environment to facilitate learning.
5. The creation of programs focused on increasing the number of women and under-represented minority health care providers.
6. The institution of Health Care Reform, with UNIVERSAL COVERAGE as a goal, to decrease barriers to access.

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