MONTHLY MEMO:

RACIAL DISPARITIES IN WOMEN'S HEALTHCARE

Racial differences in maternal mortality

Racial disparities in maternal mortality are stark, with Black women in the United States experiencing a maternal mortality rate roughly 3.5 times higher than that of white women, according to the CDC. Indigenous women also face elevated risks, with a maternal mortality rate approximately 2.3 times higher than that of white women. Additionally, pain management during childbirth is often inadequate, and postpartum complications may go untreated when healthcare providers fail to take reports of pain from women of color seriously.

Socioeconomic factors, healthcare access, and structural racism contribute to these gaps; studies show that Black women are less likely to receive timely prenatal care, and those who do often report being dismissed or ignored by healthcare providers.

Racial bias in pain management

Racial bias in pain management, especially toward women of color, is a critical issue in healthcare today. It refers to systematic disparities in how pain is assessed and treated across racial and ethnic groups. Women of color—particularly Black, Indigenous, and Latina women—often receive substandard pain management, leading to adverse health outcomes and exacerbating healthcare inequalities. These disparities highlight the need for improved provider training and awareness to ensure equitable pain care.

The roots of racial bias in pain perception trace back to harmful misconceptions about race and biology, originating in slavery. During this time, beliefs that Black people had "thicker skin" or a higher pain tolerance were used to justify slavery and inhumane treatment, particularly in medical experiments on women of color.

FACT!

Black and American Indian/Alaska Native women are 2 to 3 times more likely to die from pregnancy-related causes than white women, highlighting a significant racial disparity in maternal health outcomes (CDC).

Unfortunately, these myths have endured, with studies revealing that some healthcare professionals—often subconsciously—still perceive women of color as feeling less pain than white patients. This bias in pain assessment contributes to ongoing healthcare disparities and underscores the need for comprehensive provider education and reform.

*Sources & links to corresponding websites are cited at the end of this memo.

How does racial bias manifest in clinical settings?

Research shows that women of color, particularly Black women, often receive inadequate pain assessment and treatment compared to other patients. For instance, studies in non-obstetric settings indicate that Black patients with conditions like back pain or migraines are less likely than white patients to receive narcotic pain medication in emergency departments (Johnson et al.). Healthcare providers frequently underestimate the pain levels of people of color, which leads to less thorough diagnostic and treatment approaches. Women of color are also more likely to be perceived as "drug-seeking" or "overreacting" when they report pain, a stereotype that contributes to disparities in care across numerous medical conditions, including childbirth, cancer treatment, chronic pain, and emergency care. These biases underscore the critical need for improved training and standardized pain assessment practices in healthcare.

FACT!

Research has found that compared to white patients, black patients were **40% less likely** to receive medication to ease acute pain and Hispanic patients were **25% less likely.**

Breast Cancer Diagnosis and Treatment Gaps

Studies indicate a significant disparity in the timing of cancer diagnosis and treatment among patients. Several factors influence when individuals find out they have cancer and how they manage their condition. A major contributor to late diagnosis is the lack of access to healthcare services, including routine doctor visits, genetic testing, and awareness of family medical histories. Many individuals do not have access to preventive care that could catch cancer in its early stages. Furthermore, treatment options can be limited due to various barriers, such as time constraints, financial challenges, and prior health issues. Research shows that these gaps are compounded by racial disparities. For instance, a 2017 study found that Black patients diagnosed with early-stage breast cancer faced a 76.3% higher risk of excess mortality compared to their white counterparts. However, the gap in outcomes can narrow when low-income individuals receive adequate healthcare coverage. Raising awareness and educating others about these disparities is a crucial step toward advocating for change in cancer diagnosis and treatment access.

What are the racial disparities for chronic conditions?

Healthcare disparities are preventable differences in access, quality, and optimal healthcare experience between groups of people. These groups can include ethnicity, gender, education, socioeconomic status, disability, geographic location, age, or sexuality. Healthcare disparities can be correlated with unequal distribution of social, political, and economic resources. Despite a significant increase in research and policy changes, many healthcare disparities still persist in the United States.

Chronic diseases are long-term health conditions that often require ongoing medical care. Common chronic diseases include hypertension, diabetes, HIV/AIDS, cancers, heart disease, and obesity. In general, minority groups often have a higher incidence of these diseases and worse outcomes. Minority groups are less likely to receive proper treatment and correct diagnoses. Minority groups are also less likely to have health insurance and seek out medical care.

For example, black infants were more than twice as likely to die during childbirth as white infants from 2017-2022. Native American and Black people have consistently had a shorter life expectancy than others. This gap widened with the COVID-19 pandemic. Rural residents are more likely to experience respiratory disease, heart disease, stroke, cancers, and shorter life expectancies. This is linked to traveling greater distances and fewer options to find healthcare in rural areas compared to cities or suburbs.

Another major disparity is socioeconomic status (SES). Individuals with low socioeconomic status are affected by reduced access to quality healthcare. This can be due to reduced access to healthcare, higher rates of uninsurance, financial burden, and absence of primary care options. Many age-related disparities when considering older ages are highly associated with other disadvantages accumulated over the life course. Many factors contribute to the health disparities seen in the United States. Education and policy implementation are crucial to minimizing these effects and allowing people of all groups to lead healthier lives.

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*Sources & links to corresponding websites are cited at the end of this memo.

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