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***“MIND, BODY, & SOUL”*: THE MEDICAL EXPLOITATIONS OF BLACK WOMEN IN
THE UNITED STATES**

By

Erikah M. Lewis

B.A., Southern Illinois University, 2019

A Research Paper

Submitted in Partial Fulfillment of the Requirements for the
Master of Science

Department of Mass Communications & Media Arts
In the Graduate School
Southern Illinois University Carbondale
May 2021

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RESEARCH PAPER APPROVAL

***“MIND, BODY, & SOUL”*: THE MEDICAL EXPLOITATIONS OF BLACK WOMEN IN
THE UNITED STATES**

By

Erikah M. Lewis

A Research Paper Submitted in Partial

Fulfillment of the Requirements

For the Degree of

Master of Science

In the field of Professional Media & Media Management

Approved by:

Dr. Kavita Karan, Chair

Graduate School
Southern Illinois University Carbondale
April 7, 2021

AN ABSTRACT OF THE RESEARCH PAPER OF

Erikah M. Lewis, for the Master of Science degree in Professional Media Management, presented on April 7, 2021, at Southern Illinois University Carbondale.

TITLE: “*MIND, BODY, & SOUL*”: THE MEDICAL EXPLOITATIONS OF BLACK WOMEN IN THE UNITED STATES

MAJOR PROFESSOR: Dr. Kavita Karan

African American women face persistent health disparities compared to other women of different ethnic backgrounds. The reproductive and sexual health disparities of African American women have been embodied through the demeaning experiences of racism, including discriminatory health care practices from enslavement times through the pre- and post-Civil Rights era. Understanding the historical foundation of enslavement and racial stereotypes, reflects present-day health outcomes of African American women. Although some improvements ensuring equitable healthcare have been attempted, historical influences remain relevant regarding racial bias and enforced stereotyped perceptions of Black women in health care. This study explores the deeper roots of medical exploitations of Black women and expands on the historical foundation of racism and stereotype perceptions, and how it has negatively influenced the present-day health outcomes and lifestyles of Black women. Through a survey conducted on African American women, the study found how women expressed their health care experiences with doctors, and what media platforms they use to obtain health information. Overall, this study demonstrates how several factors influence Black women's lives and perspectives, behaviors and stereotypes within the healthcare field. The research reveals the tragic experiences that Black women face with medical physicians, and the effects of their doctor-patient relationships. It also found how accessing media, like health websites and social media platforms, play a role in ways that Black women obtain and use health-related information.

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DEDICATION

This research is dedicated to my late grandmother and uncle, Mable L. Vincent, and Cory L. Vincent. I love and miss you both dearly.

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CHAPTER 1

INTRODUCTION

Throughout the 18th and 19th century, African American women have been exploited in several ways. One factor that reflects the exploitation of African American women, is the racial injustice regarding their medical health. During enslavement times, Black women were used as test subjects and forced to undergo horrific and crucial vaginal procedures without anesthesia by white, male doctors like Dr. James Marion Sims (Holland, 2017). These women had zero consent regarding the procedures and were forced to endure crucial pain, while putting their own lives at risk. Black women were used as raw subjects due to the racially intolerant society that still transpires in our world today. Studies on the enslavement era is a very important research area because it highlights historical experiences and information about African American women's bodies and health. This leads to the next area of study, which is the racial perceptions and stereotypes that Black women are faced with by medical doctors and physicians. Previous studies have shown how stereotypical threats experienced by Black women in health care settings has been an overlooked social barrier and contributes to broader health disparities among Black women. Out of all ethnic groups, Black women have the most at-risk health complications. Racial stereotypes amongst Black women have been formulated through centuries and reflects the social challenges that have been faced overtime (Abdou, 2014). African American women, just like any other ethnic group, have stereotypes that are falsely believed in society. One of these beliefs being, that Black women (or Black people in general), can endure more pain than White women (Hoffman et al, 2016).

Further, when one stereotype has been formulated amongst a specific group of people; the false beliefs begin to expand unconsciously. These racial stereotypes also help develop the

research area of racial bias in health care sectors. Racial bias is another social barrier that is often overlooked in the health care sector with Black women facing differential treatment compared to white women. People who are not Black, probably don't believe in any signs of racial bias within health care, because they are not personally affected or racially profiled. Not all medical doctors and gynecologists work off a racial bias, but it is commonly seen within the Black community. Racial bias against any ethnic group will implicate challenges and disparities, but it is commonly seen regarding Black women.

The significance of media access and health awareness is one of the final research areas conducted for this study. Most Black women refer to online health pages before consulting with an actual doctor, because of their worries and disparities. The health outcomes of Black women today definitely lack awareness, education, and access to health-related information. Overall, this study places the medical disparities of Black women within a broader context, to demonstrate that several factors influence Black women's behaviors, perceptions, and stereotypes in the healthcare field. The study aims to find out the perceptions of Black women, and if there have been changes in the healthcare or do they continue to face the problems that were prevalent in the past decades. The following chapter reviews some of the past studies done on Black people and healthcare.

CHAPTER 2

LITERATURE REVIEW

During the early 1800-1900's, Black people's bodies were presumed to be extremely different from whites, which reflected the medical/health procedures that they received. Blacks were not considered "people" during this era and had zero consent to any health procedures they had partaken. Black people's only voice and sense of power was solely controlled through their slave owners/ masters. Dr. Todd L. Savitt wrote about Black experimentation in his article titled, "*The Use of Blacks for Medical Experimentation and Demonstration in the Old South*", published in *The Journal of Southern History* (Vol. 48). Savitt (1982) states,

Blacks were particularly easy targets, given their positions as voiceless slaves or free persons of color in a society sensitive to and separated by race. This open and deliberate use of blacks for medical research and demonstration well illustrates the racial attitudes of antebellum white southerners. Blacks were considered more available and more accessible in this white-dominated society: they were rendered physically visible by their skin color but were legally invisible because of their slave status (pg.332).

Savitt describes the importance of Black bodies within experimentation throughout the South and how it impacted current medical experimentation. Savitt also explains how the early studies of medical experimentation was capitalized off the use Black human specimens. Savitt (1982) explains,

Throughout history medicine has required bodies for teaching purposes. The need for human specimens became more recognized and more emphasized in America during the first half of the nineteenth century.... And medical schools throughout the United States, including those in the South, attempted to meet the new demands for modern

education. Clinics, infirmaries, and hospitals were opened in conjunction with those colleges. Patients, however, were not always willing to enter. To fill the beds, it became essential to use the poor and enslaved. In the South, white attitudes towards Blacks ensured the selection of patients of this group as specimens, though some whites were also used (pg. 332-333)

The practices and racial experimentations that are taught amongst doctors and gynecologists today, reflect the procedures that were done by White medical examiners during enslavement. Famous gynecologist James Marion Sims, (AKA “The Father of Modern Gynecology”) was one of the first medical surgeons to experiment on the bodies of enslaved Black women and children in the 19th century. Black women and children were forced to strip naked, and endure excruciating vaginal procedures, while other male doctors watched and took notes. James Marion Sims, with little to any knowledge or gynecology training, began performing procedures on Black enslaved women and children, while discovering random unsterilized utensils to use as his procedure equipment. Author Wall (2006) wrote about the unethical research and experimentations of Dr. Sims in the *Journal of Medical Ethics*. Wall states,

The reputation that Sims has left, raised many question and concerns regarding his views/use of medical ethics. Sims's reputation diminished considerably in the mid twentieth century as it was assaulted by a series of strident critics who condemned him or his reputedly unethical behavior. The primary reason for these attacks on Sims is that his initial attempts to cure vesicovaginal fistulas were carried out on a group of enslaved African American women whom he quartered in a small hospital behind his house in

Montgomery, Alabama. Between late 1845 and the summer of 1849, he carried out repeated operations on these women in a dogged effort to repair their injuries.

Dr. Sim's horrid experimentations reflects why modern-day authors argue the fact that Sims manipulated the institution of slavery to perform unethical human experiments on non-consenting enslaved Black women. Sims used several unsterilized tools during his experiments, which resulted in his unsuccessful experimentation amongst several enslaved Black women (causing them to contract blood poisoning and even death). Sims also pays a huge contribution to the racial bias of pain that doctors believe with Black women. "Afterward, he began to practice on white women, using anesthesia, which was new to the medical field at the time. While some doctors didn't trust anesthesia, Sims's decision to not use it—or any other numbing technique—was based on his misguided belief that black people didn't experience pain like white people did (Holland, 2017). This highlights how James Marion Sims set the trend for future medical examiners to believe racial bias/ stereotypes against Black women's bodies and pain intensity.

Hoffman et al (2016), researched the beliefs associated with racial bias in pain management, a critical health care domain with well-documented racial disparities. Specifically, their research revealed that a substantial number of white doctors and medical students held false beliefs about biological differences between blacks and whites. It also provides the first evidence that racial bias in pain perception is associated with racial bias in pain treatment recommendations (pg.1) James Marion Sims did not perform on any White women, until he knew the procedure was successfully done to Black women, and that too without anesthesia. This reflects the racial bias amongst the health care field and correlates with my study with how race plays a huge role in mistreatment of Black women in health care. Medical doctors and physicians that hold such false beliefs towards Black female patients, reflects the health care treatment and

pain medication they receive. Hoffman et al (2016) studies found the following: Extant research has shown that, relative to white patients, black patients are less likely to be given pain medications and, if given pain medications, they receive lower quantities. For example, in a retrospective study, Todd et al. found that black patients were significantly less likely than white patients to receive analgesics for extremity fractures in the emergency room (57% vs. 74%), despite having similar self-reports of pain (pg.1)

Stereotype threat “refers to the risk of confirming negative stereotypes about an individual’s racial, ethnic, gender, or cultural group” (EdGlossary, 2013). Stereotype threats have been identified as a social barrier and is extremely popular in social science research. Abdou (2014) conducted a study titled *Stereotype Threat Among Black and White Women in Health Care Settings*. The research explored the different experiences that Black women face in a health care setting versus White women based on ethnic identification. “Black women face stark and persistent health disparities compared with White women, and women of most other ethnic backgrounds (U.S. Department of Health & Human Services, 2010). With one-fourth of all Black women living below the poverty line (U.S. Department of Health and Human Services, 2010), access to and quality of health care are major contributors to the disproportionate burden of disease, disability, and death in this population (Abdou, 2014). The racial bias and stereotype threat conditions that Black women endure in the healthcare field, strongly reflects the doctor-patient relationships that Black women have with medical physicians. Black women tend to have a great amount of distrust with their medical physicians, and little research has been conducted on why and how this distrust reflects current doctor-patient relationships. Jacobs et al. (2006), conducted a study titled *Understanding African Americans’ Views of the Trustworthiness of Physicians*, which examined factors that affects Black patient’s views regarding trustworthiness

of physicians. The study suggested that the views of trustworthiness with White people and doctors, will differ from Black people due to the legacy of mistreatment that Blacks have faced throughout history in the hands of medical professionals (Jacobs et al.,2006).

Another main concern is the amount of at-risk health complications that Black women face in today's world, and its connection to discriminatory healthcare practices. Black women have the highest health risks factors including maternal mortality, childbirth complications, STI's, HIV, diabetes, obesity, high blood pressure, cancer, breast cancer, and CVD (cardiovascular disease). "Black women are 3–4 times more likely to die from pregnancy-related complications than White women. Black women are also 3–4 times more likely to suffer from a severe disability resulting from childbirth than White women (Beim 2020, pg.2) Studies have also found that Black women and Black newborns are also at the highest risk for death when looked after a white medical doctor. A 2020 CNN research report by Rob Picheta found: Black newborn babies in the United States are more likely to survive childbirth if they are cared for by Black doctors, but three times more likely than White Babies to die when looked after by White doctors, as found in the study. The mortality rate of Black newborns in hospital shrunk between 39% and 58% when Black physicians took charge of the birth, according to the research, which laid bare how shocking racial disparities in human health can affect even the first hours of a person's life.... When cared for by White physicians, Black newborns were about three times more likely to die in the hospital than White newborns, the researchers found. That disparity dropped significantly when the doctor was Black, although Black newborns nonetheless remained twice at more risk likely than White newborns to die (Picheta, 2020). This all relates back to the care and treatment that is reflected in the health care system regarding Black women and proves that Black women feel more secure and trusted in the hands of Black doctor and physicians.

Because White doctors dismiss or ignore the pain tolerance of Black women, lots of consequences arise during health-related visits/ experiences. The media plays a huge role in exposing famous Black female celebrities, who have experienced the same dismissive trauma in health care setting as any other Black woman. Famous sports icon Serena Williams, and music popstar, Beyonce, both shared and expressed their fatal pregnancy complications.

Beyoncé revealed in *Vogue's* September issue (2018) that she delivered her twins, Rumi and Sir, in June last year by emergency Caesarean section after being bedridden for a month because of “toxemia,” a condition better known as preeclampsia. The complication causes high blood pressure and can damage organs such as the liver and kidneys, according to the Mayo Clinic. The only cure for preeclampsia is delivering the baby... “My health and my babies’ health were in danger, so I had an emergency C-section. Today I have a connection to any parent who has been through such an experience” said the singer, who was also on the cover of the issue. (Chiu, 2018).

Beyonce, who has a very high-status profile, reminded other Black women that they are not alone. When it comes down to health complications, especially during childbirth, Black women are unfortunately faced with life-or-death experiences. Famous tennis player, Serena Williams, had an even worse experience when delivering her daughter in 2017. After the birth of her daughter, Williams demanded the doctors to take a cat scan, which later revealed that Williams had several small blood clots in her lungs. If Williams had not demanded this cat scan to doctors, she could have died from a pulmonary embolism. “Williams, a high-profile athlete, told *Vogue* that she was not taken seriously when she first alerted hospital staff to the embolism. She said she told a nurse “between gasps” that she needed a CT scan with contrast and a blood thinner, but the nurse thought Williams’s pain medication might have been confusing her

(Chiu,2018). These traumatic experiences between Black female patients and doctors, proves that Black women can suffer in the hands of medical physicians, regardless of social status. It also proves that Black women can experience life-threatening experiences, no matter how much fame and wealth they may have. No matter how we view the healthcare system, race will always hold power regarding the way medical physicians perceive and treat Black women's pain.

Furthermore, racism is a fundamental determinant of health status because it contributes to social inequalities (e.g., poverty) that shape health behaviors, access to healthcare, and interactions with medical professionals (Prather et al, 2018). The behaviors of African American women and healthcare stem from historical implications and evidence. The way that Black women (or Black people in general) are perceived in America, controls the way the rest of the world sees them as well. "African Americans' beliefs that their lives are devalued by White society also influence their relationships with the medical profession. They perceive, at times correctly, that they are treated differently in the health care system solely because of their race, and such perceptions fuel mistrust of the medical profession (Gamble,1997). Racial stereotypes amongst Black women have been formulated through centuries and reflects the health challenges and disparities that they face today. The fear of being dismissed or ignored from medical doctors also affects Black women's doctor-patient relationships. Stallings (2018) described the experience of a Black woman in a doctor's office as the following:

Imagine this: You go to the doctor and routinely feel unseen, unheard, misunderstood. Sometimes you fear you've been misdiagnosed. But your concerns are brushed off. You aren't apprised of the full range of treatment options—the doctor seems to assume they don't apply to you, or that you can't take in all the information. Your local hospital is underfunded, the equipment outdated, frequently nonfunctional. You're denied pain

meds. You're handled brusquely. Staff openly question your ability to pay. While not every black woman has had experiences like these, they're disappointingly familiar to legions of us (Stallings, 2018. pg.1)

Also, the statistics analyzed among Black and White women's health risks are extremely different from one another. "14.2 percent of Black women died from cardiomyopathy (heart muscle disease that makes pumping blood more difficult) as compared to 10.4 percent of white women. An estimated 11 percent of Black women receive infertility treatment as compared to 16 percent of white women. In a 2015 study of 1,073 women of reproductive age, researchers found that Black participants with fertility issues were 75 percent less likely than white participants to seek help from a doctor—and of those who did seek help, they waited about twice as long as white participants to do it" (Douglas,2020).

These issues stretch further than just pregnancy and infertility, but also reflects racial discrimination based on health insurance status. "As of 2017, 55.5 percent of Black people in the U.S. have private health insurance (as compared to 75.4 percent of white people), while 43.9 percent rely on Medicaid or public health insurance (as compared to 33.7 percent of white people). Meanwhile, 9.9 percent are completely uninsured (as compared to 5.9 percent of white people (Douglas,2020). Racial discrimination regarding health and status is a major disparity faced by the Black women, along with implicit racial bias by doctors. Copper et al (2012) conducted a study titled, *The associations of clinicians' implicit attitudes about race with medical visit communication and patient ratings of interpersonal care*. The research explored the association of clinicians' implicit attitudes about race with doctor visits and found the following:

In one cross-sectional study of 40 doctors and 269 patients in "urban community-based practices," researchers found that race bias against Black patients was associated with

doctors asserting more dominance in conversations, patients rating their experiences poorly, and doctors focusing less on the patient. Bias contributes to Black women not feeling heard, and as mentioned above, to their pain and concerns being dismissed by health-care practitioners (pg.1).

Because Black women are overwhelmed with the feeling of being ignored and dismissed by doctors, building doctor-patient relationships will remain a struggle to build. Though race and status are two main factors that are studied regarding Black women's health disparities, education is also a key component. Author and professor Tina Sacks (2017) conducted a study titled *Performing Black womanhood: A qualitative study of stereotypes and the healthcare encounter*, which was published in 2017 in the journal *Critical Public Health* (Anwar, 2019). Sacks stated in interview conducted in a Berkeley News article (2019) that:

When you look at inequalities in healthcare, you see a lot of studies tying the problems to race and poverty, but there's not a lot about educated, insured black women who are not poor," Sacks says. "Yet infant mortality rates for black women with a college degree are higher than those for white women with just a high school education. I wanted to dig deeper into the personal experiences behind this disparity (pg.2)

The many social barriers that Black women face, including health, race, social status, and education, highly affects the lifespan and achievements that can be made in the Black community. Jacob et al (2007) introduced a term regarding the barriers placed on women of color a study titled, *The Health Status of Black Women: Breaking through the Glass Ceiling*. The term introduced in this study is "the glass ceiling affect", which connects women of color with the many overseen social barriers that they face. Jacob et al (2007) defines the glass ceiling affect as the following:

The glass ceiling effect is a term that is often used to refer to an invisible barrier that prevents women and people of color from achieving the highest levels of career advancement (Schermerhorn, 1993). It acknowledges that women and people of color may make great strides in educational attainment and may be promoted to higher levels of organizational responsibility than ever before, but they never achieve the highest levels of management and administration. Those facing the dual stigma of being both black and female are especially impacted by this phenomenon (pgs. 1-2).

From the study, Jacob et al (2007) concluded that Black women have hit a glass ceiling in terms of their health status. Health risks including HIV, breast cancer and obesity all correlate with the glass ceiling affect regarding Black women's health.

Overall, it is important to understand Black women's health disparities in the healthcare sector and understand why they face inequities regarding proper medical care. This review of literature is only a small step toward bringing a better understanding of the many aspects and effects of Black women's health disparities in the United States. I believe a huge improvement to help the health disparities of Black women is for more Black doctors to join the sector.

According to Stallings (2018), "5.7 percent of U.S. physicians are African American, out of a population that's 13 percent black...Less than 6% of practicing U.S.-based physicians are African American." (pg. 2). With more minority doctors and physicians, additional studies and research can occur, while also building more trust amongst doctors and Black patients. Being able to create strong and trustworthy relationships with doctors is something Black women continue to struggle with. Johnson (2019) conducted a study titled *The Importance of Physician-Patient Relationships Communication and Trust in Health Care*, which studied the factors that play into doctor-patient relationships. "Trust is a fundamental characteristic of the physician-patient

relationship. Patients must trust that their physicians will work in their best interests to achieve optimal health outcomes. Patients' trust in their physicians has been demonstrated to be more important than treatment satisfaction in predictions of patient adherence to recommendations and their overall satisfaction with care (Johnson,2019, pg.3). Trust among doctor- patient relationships also predicts if patients will continue to use that doctor/physician provider.

Glass (2020) wrote about the effects of doctor-patient relationships regarding Black women in a *Today.com* article titled, "*What to say if you're a Black woman and your doctor won't listen*". Glass (2020) states, "Being Black and female in the health care system is complex.... Black women, fully aware of the stereotypes and racism working against them in the health care system, often rely on communication strategies and other skills to navigate doctor-patient interactions and mitigate the effects (pg.1). Effective communication strategies and trust between doctors and patients are extremely important, because it improves patient health outcomes and their medical care/treatments. Dr. Joi Bradshaw-Terrell, an OB-GYN in Chicago, Illinois gave insight on why Black women don't advocate for themselves more with doctors, versus any other ethnic group in the *Today* article. "Traditionally, we don't advocate for ourselves, she said. Historically, Black women have been taught to see a physician, they tell you something, and you just do it. You don't ask questions. Asking questions, however, is the first place she suggests Black women start in their communication strategy with doctors (Glass,2020, pgs. 2-3). Advocating for your health and wellness may seem simple for some, but Black women must put more effort into navigating the health care system. Being able to connect with a doctor who is the same race/ethnicity as the patient, can improve doctor-patient relationships. In 2021, there is still a huge lack of diversity within the medical community. "In the United States, just five percent of all active physicians are Black; and just two percent are Black women.... One

of the possible consequences of a lack of African American providers is African Americans are not seeking services because they're unable to find someone who looks like them, or who they feel they can connect with, says Richelle Whittaker, an educational psychologist at Providential Counseling & Consulting Services, PLLC (Shortsleeve 2020, pg.9). Trust, comfortability, and strong communication skills are all factors that play into the development of doctor-patient relationships. The presence of Black doctors/ physicians can not only increase positive doctor-patient relationships, but also help Black health disparities, especially regarding women. In the article written by Shortsleeve (2020), Dr. Adine Barret stated:

Black patients who receive care from Black doctors report greater trust, better communication, and perceive less bias than those who see non-Black providers," says Barrett. "Studies show that these interactions are longer, associated with more positive affect, and more satisfaction." Overall, higher quality doctor-patient interactions lead to better health outcomes for everyone. When represented in leadership roles, Black providers bring diverse perspectives to the decision-making table of healthcare facilities, which directly impacts health outcomes, (pgs. 9-10).

The most recent demographics shows that the medical field is still comprised of a predominately white community. The Association of American Medical Colleges (2019) conducted a research on the percentage of active physicians by race/ethnicity. "Among active physicians, 56.2% identified as White, 17.1% identified as Asian, 5.8% identified as Hispanic, and 5.0% identified as Black or African American. Note that the race for 13.7% of active physicians is Unknown, making that the largest subgroup after White and Asian" (AAMC,2019). An increase in diversity within the healthcare community can make a powerful impact for the health disparities of all minority groups, including Black women. Diversity training within the

medical field should also be required, to help doctors learn how to properly care for Black patients. “Diversity training helps by increasing cultural understanding and skills, teaching how to respond to cultural differences, increasing awareness of personal and subconscious biases, identifying potential barriers to care and improve intercultural communication skills” (Johnson, 2020, pg.10). The use of diverse medical doctors and physicians can create a huge impact to Black women’s health outcomes. Also, maintaining and expanding access to health care and coverage can also improve maternal outcomes for Black women. “To meaningfully improve Black maternal health outcomes, we need systemic change that starts with the health care system, improves access to care and makes the places where Black women live and work healthier, more fair and more responsive to their needs. Only when we do that will Black women be able to achieve their optimal health and well-being throughout their lifespan, including if they choose to become parents” (National Partnership for Woman & Families, 2018). Today, Black medical doctors and physicians are beginning to use social media platforms to share health news and information, to connect with the Black community. To grasp a better understanding of the health experiences and disparities of Black women today, the present study posits the following research questions:

Research Questions

1. To find out information about Black women’s experiences with their doctors’ and perspectives on healthcare today?
2. To study the doctor-patient relationships between Black women and their doctors?
3. What are the different healthcare services that Black women generally use for treatments?
4. What factors influence Black women's lives, behaviors, and stereotypes within the

healthcare field?

5. To find out the challenges that Black women face in meeting health care needs.
6. What are some of the good and tragic experiences that Black women face with medical physicians because of their race?
7. What media platforms they use to obtain health information?
8. To what extent does accessing media, like health websites and social media platforms, play a role in how Black women obtain, learn, and use health-related information.
9. To examine if there is change in the perceptions of Black women's experiences over time, or if racial and economic barriers continue to be the same that were present in the past?
10. To propose how Black community can make improvements with regard to learning more about Black women's sexual and reproductive health.

CHAPTER 3 METHODOLOGY

Research Objectives:

The objectives of my study as stated in Chapter 2 is to be able to examine Black women's experiences in the healthcare sector, connect historical evidence, social barriers/ implications, and previous studies, to current health care outcomes of African American women.

Methodology:

My research consists of both qualitative and quantitative methods, consisting of two focus group (S1) and a questionnaire survey (S2). Both studies were approved by the SIUC Institutional Review Board through the Human Subjects Committee. The first study to be conducted and analyzed are the two focus groups. The purpose of the focus group is to examine and discuss the health disparities that Black women experience today. The focus group will also explore Black women's in-depth thoughts, opinions and reactions regarding racial inequities and receiving proper medical care. The focus group will be split between two age groups, age 19-35(Group 1) and 36-55 (Group 2). There will be a range of 5-10 participants per focus group, and participants were selected through family, friends, and colleagues around the United States. Given the pandemic restrictions, the focus group discussions will be held via Zoom. The identities of all participants names will not be disclosed. All participants are characterized as female, and belong to the same ethnic group (African-American). The name and age for all participants were recorded for reference, but not disclosed publicly. All participants in each group will be asked eight discussion questions about Black women's health disparities. Findings are based on the two-focus groups that took place on March 30, 2021 at 7-8 P.M, and 8-9 P.M (Central Time) via Zoom.

Focus Group Discussion Questions (S1):

1. As this study is related to health issues, what do you do to take care of your health?

Exercise? Diet?

2. How do you feel about Black women's health and wellness in 2021?

3. What are some struggles/disparities that you believe Black women face in society?

In the health-care field?

4. Do you think that women have had bad experiences with doctors and health care professions due to their social or racial issues?

5. Have you ever felt ignored or dismissed by a doctor/physician? Any particular reason/s?

6. Are there any reasons that prevent you or your family from approaching doctors or hospitals when you are sick or need help?

7. When you book a doctor's appointment, do you give preference for a particular doctor?

8. What suggestions do you have about improving the health disparities of Black women in the United States?

The second part of my study is a survey (S2) through a questionnaire with close and open-ended questions. The purpose of the survey was to understand the health disparities of Black women in connection to their health/doctor experiences. The survey seeks information

about Black women's experiences with their doctors today and see if these experiences reflect any previous practices done throughout history and how social barriers, like racial bias and stereotypes, all play a role in how Black women are perceived and mistreated in a health care setting. Respondents were aged between 19-65 and over.

The findings will critically analyze and link past experiences to current health outcomes of Black women. Finally, with my findings, I plan to find how media access plays a role in health information and awareness obtained by Black women, the different health care experiences of Black women, and propose how Black community can make improvements in regard to learning more about Black women's sexual and reproductive health

Respondents will be asked about their personal health experiences and perceptions and given a chance at the end to offer advice on how to improve the awareness and education of Black women's health. All the respondents will be identified as female and belong to the same ethnic group (African American).

Tool of data collection – Survey through a Questionnaire of 15 close and open-ended questions.

The questionnaire was distributed through SurveyMonkey. (Appendix B)

CHAPTER 4

DATA ANALYSIS/ RESULTS

Data Analysis/ Findings (S1):

Based on both focus group findings (Group 1 & 2), participants expressed similar views and ideas about Black women's health and wellness. The key highlights of the focus groups that will be analyzed were based off all the questions and responses received from both focus groups. Group 1 included participants (A-G), and Group 2 included participants (H-L).

(*G1=Group 1; *G2=Group 2)

Maintaining Health and Self-Care

- Both groups were asked about ways that they maintain good health and wellness. Both G1 & G2 all agreed that they attempt to eat better, diet, workout, see local therapists/counselors, and try to see a doctor at least once a year.
- G1 also included that they engage in something called "self-care days", which are days that they dedicate to themselves to help them focus on their health and well-being.
- Participant B of G1 began to explain more about how she spends her self-care days
- *"Somedays, I will turn off my phone, and just focus on myself. I will read books, workout, cook meals, and try to focus more on my skin and body" (Participant B)*
- Participants of G2 also suggested that walking and taking vitamins is how they maintain good health.
- *"I always try to walk, so my legs won't tighten up. As we get older, our bones and bodies are not how they used to be. So, walking and taking vitamins is a main priority for my health" (Participant J).*

Black Women's Struggles/ Health Disparities

- Both groups were asked about current struggles and health disparities that Black women face today.
- G1 participants suggested that being a Black woman, comes with a lot of stereotyped perceptions, especially in health care.
- *“As Black women, we are always viewed or expected to be strong. When we feel pain, it’s like a shock to people, even though we are still human. As a Black woman and mother, I feel like I have to put my health on the back burner, and try to balance out everything else in life first” (Participant C)*
- G1 also mentioned how Black women are usually dismissed or not taken seriously in the health-care sector.
- *“I literally had to beg my doctor for a covid-19 test. I had all the symptoms, and I knew something was wrong, but they didn’t want to test me. They assumed it was a flu/cold, and wanted me to leave. Turns out, I actually had covid-19, and if I didn’t beg for a test, I could have been spreading the virus around unknowingly” (Participant E)*
- Participates D and H shared their pregnancy experiences, and feelings of being ignored by doctors during child birth.
- *“I had very sharp pains during my pregnancy, but the doctors suggested that it was probably nothing, and that it was normal to feel pain during pregnancies. But, my family comes from a long history of health issues, so I wanted them to make sure nothing was wrong. I had to learn to advocate for myself, and tell the doctors that I know when something is wrong” (Participant D)*
- *During my pregnancy, I begged the doctors to test me for PCOS (Polycystic ovary*

syndrome). I ended up testing positive, but before the testing, the doctors told me that I will be alright. I was extremely scared during my child-birth” (Participant H)

- G2 participants all agreed that more struggles/disparities of Black women include affordable health care, distrust in the healthcare system, maternal issues, and lack of health resources.

Doctor-Patient Relationships/ Race and Gender issues

- When asked about experiences with doctors, I first asked both groups if they think gender and race plays a role in how doctor mistreat or diagnose patients.
- *“Originally, I never thought of it as a racial or gender issue until now. I see that more and more women that are Black have the same experiences as me, which makes me start to see things from a different perspective. I think this is an issue for minority women all over the world” (Participant A)*
- *Sometimes, I feel that doctors ask racially stereotyped questions. It’s embarrassing sometimes, because I feel that doctors assume that I smoke and drink, like the average Black woman, and I don’t. (Participant F)*
- G1 participants agreed that doctors make them feel disconnected, and judged in certain health situations/environments.
- *“I honestly have PTSD from my last pregnancy. I gave birth in a predominately white hospital, but I thought I would be in the best hands. After my delivery, I experienced emotional stress because my baby was in the ICU. My doctor, who was a white woman, became very stand-offish with me, she gave me mis-leading information about what was going on with my baby. I would never want to experience that again...” (Participant C)*

- Participants in G2 felt like race and gender does play a role in doctor-patient relationships, but it's a case-by-case basis.
- *“I do think race and gender play a role, but not in every case. At my age, I must advocate and speak up for myself when I feel a doctor isn't taking me seriously. Regardless of race and gender, we must educate ourselves, and learn how to take care of ourselves first”* (Participant K)
- *“I am a nurse in south Arkansas, where racial injustice and inequality is still at an all time high. I do believe that race and gender play a role in Black women's health experiences, because I see it every day at work. Some medical doctors actually want to help minority patients, while others don't take it as serious. It's sad”* (Participant J)

Feelings of being dismissed or ignored by a doctor

- When asked about ever feeling ignored or dismissed by a doctor, both groups were almost equal in their responses. G1 had three out of the six participants, who've felt ignored by a doctor, while G2 had three out of five participants, who've felt ignored by a doctor.
- *“Yes, I always feel ignored every time I go to the doctor”* (Participant E)
- *“No, I don't always feel dismissed by a doctor, but I do feel like I am not taken as serious as I should”* (Participant B)
- *“I am in my sixties, and I always have body aches and pains. I've had hip problems for almost six months now, and my doctors have yet to prescribe me any medication to take. This always happens when I go to the doctor about pain treatments”* (Participant I)

- *“Now that me and my mom are getting older, I feel like I need to advocate for her more than ever. I always try to go with her to doctor’s appointments, to make sure they are understanding and treating her health concerns/pain correctly” (Participant J)*

Reasons that may prevent them from going to the doctor & doctor preferences

When asked about reasons that would prevent participants or their families to seek hospital/medical attention, both groups stated a huge aspect in staying away from hospitals is the lack of trust.

- G1 participants explained how using “home-remedies” was something that they’ve always been taught to do.
- *“My mom has a bunch of home remedies for when I was sick as a child, and I use those same remedies on my children. I think it’s always best for Black women to figure out health issues at home first, before seeing a doctor. Some health issues/ pains can be handled at home, but it depends on the severity of the situation” (Participant A)*
- Most participants from G2 explained that due to their age, they feel that seeing a doctor is always the best solution.
- *“When something feels off about my body, I always call up a doctor. If it’s something small like a headache or so, then I will take pain medications at home. But if I feel like it’s something going on that I can’t cure, I will always call and visit a doctor” (Participant L).*
- When asked about wanting a particular doctor preference, both groups had contrasting views. G1 had better experiences with White-male doctors, while G2 felt like female doctors were more understanding, and male doctors were too rough.

- *“Honestly, I always try to stick with the same doctor for as long as I can. It’s hard to build new relationships with new doctors, and it’s hard to connect with them as well. Surprisingly, I’ve had better experiences with White-male doctors, than any other doctor in the past” (Participate B)*
- *‘I’ve had a white-male doctor for about a year now, and our relationship is very strong. He is very communicative with me, and gives great suggestions on medications and other health-related information. Female doctors seem rougher in my opinion, when I was crying in pain at the hospital because of my stomach, my female doctor was very passive, and didn’t help me at all” (Participate E)*
- *“No matter what, I always want a female doctor. They make me feel comfortable and they understand me. Male doctors seem rough and they don’t care or don’t realize that they are hurting you” (Participate H)*
- *“I always try to research a new doctor, before I make an appointment with them. I try to check his/her reviews, to make sure that they are treating patients with proper care and respect” (Participate L)*

Improvements on Black Women’s Health and Awareness

- Finally, when asked about suggestions on improving Black women’ health, both groups agreed that bringing more awareness to the topic is a key improvement. Both groups also agreed that more financial help and resources plays a huge role in Black women’s health.
- *“More conversations, like this focus group, needs to happen more with Black women of all ages. Being able to discuss my own experiences while learning about others, brings great awareness to black women’s health. We need to be heard and understood” (Participant F)*

- *“I think more research needs to be done about the many health disparities women have and still face today” (Participant D)*
- Both groups also agreed that government/ medical assistance improvements can also benefit Black women’s health. Participants of G2 suggested that diversity within health care is also another improvement to be made.
- *“We need diversity in the health care system. We must be able to advocate for our Black and other minority doctors and nurses. Diversity can help alleviate healthcare disparities, and start a great line of leadership and change” (Participant J)*
- *“We must also educate ourselves and use the resources we do have more effectively. Educating ourselves can help educate other Black women. We as Black women must ask more questions, and demand more answers in health care. We must push the issue!” (Participant H)*

By the end of the focus group, all participants began to give their own opinions and insights on how Black women can overcome healthcare disparities. Not having equal access to public health care, was a main component that both groups felt were significant. Both focus group discussions were extremely important and gave all the women involved a safe place to express their personal health experiences and concerns.

Data Analysis/ Findings (S2)

For the survey questionnaire, I was able to receive feedback and responses from 165 respondents. The following figures displays the results of the survey from each of the 15 questions.

Q1 What is your gender?

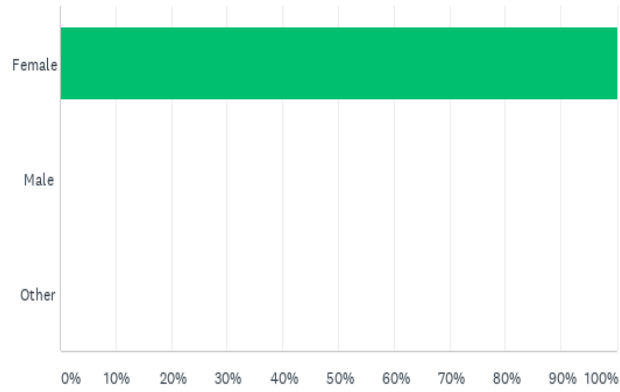


Figure 4.1

Q2 What is your age group?

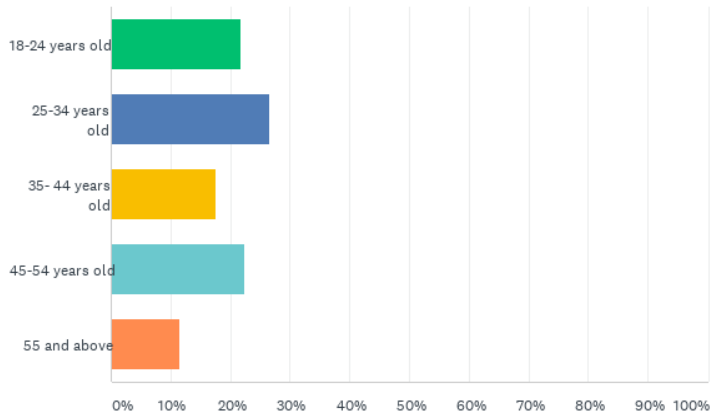


Figure 4.2

Q3 What is your ethnicity?

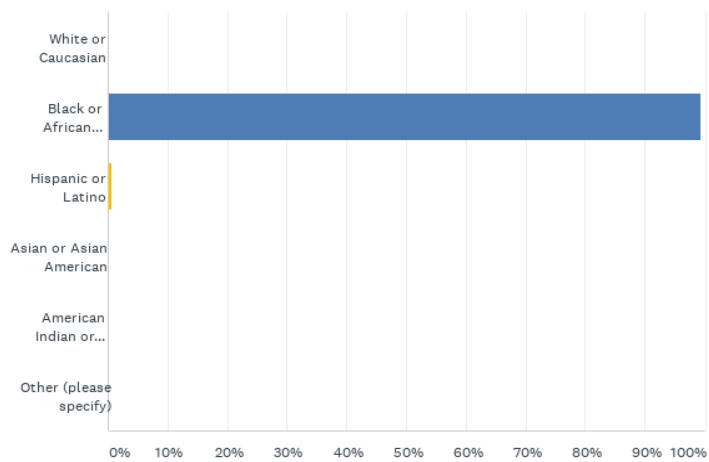


Figure 4.3

Q4 Where/How do you usually access health care information? (Sexual health, weight loss methods, body pains, etc..)

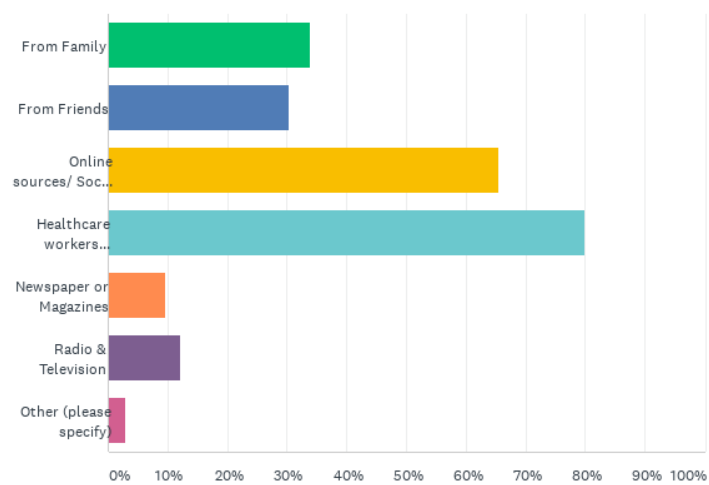


Figure 4.4

Q5 What challenges do you think Black Women face in health care today? Check all that apply

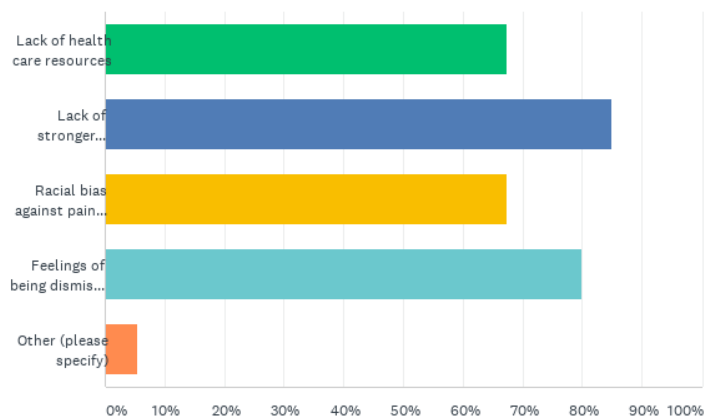


Figure 4.5

Q6 Through your own experiences, do you believe you've received proper medicines and treatment from doctors during your visits?

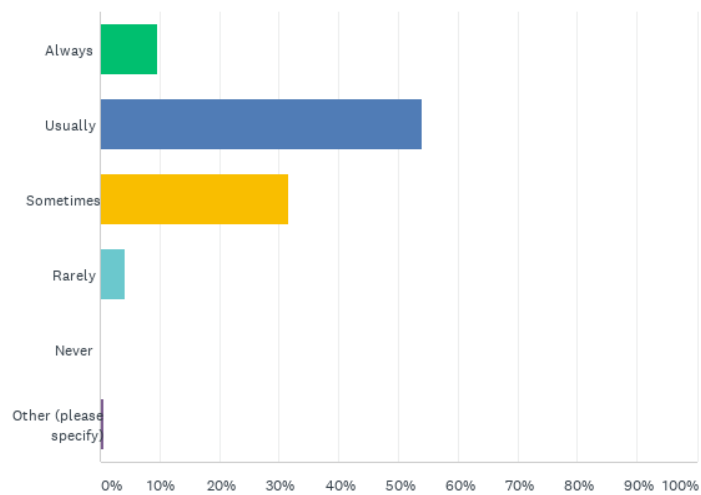


Figure 4.6

Q7 How would you describe your relationship with your doctor?

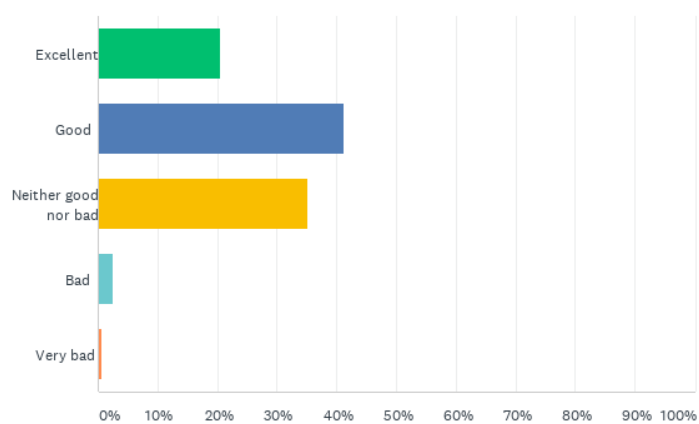


Figure 4.7

Q8 Do you agree that financial stability and poverty reflects Black women's lack of health awareness?

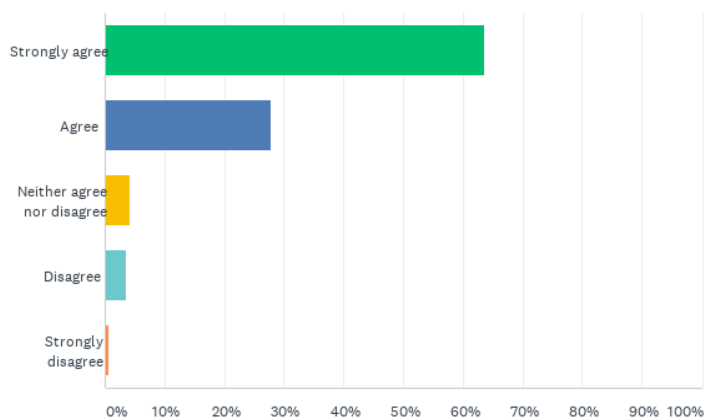


Figure 4.8

Q9 Do you think doctors believe in racial stereotypes and discriminate patients because of their gender and race?

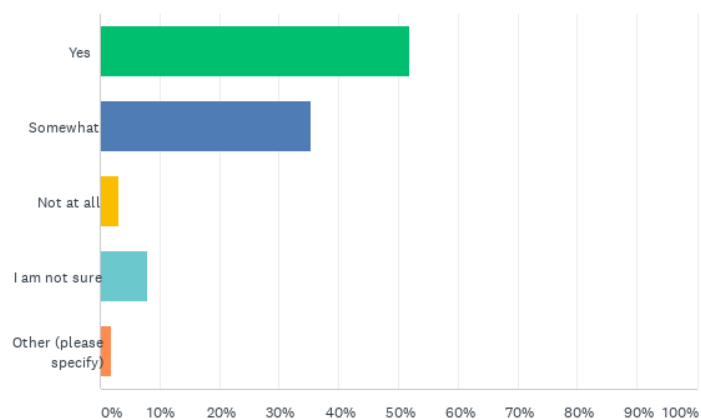


Figure 4.9

Q10 Do you think doctors today are trained to work off racial bias towards patients?

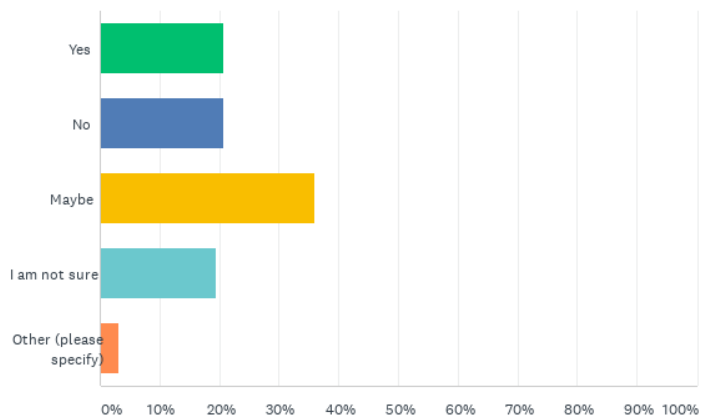


Figure 4.10

Q11 Have you ever felt ignored, judged, or dismissed by a doctor or physician?

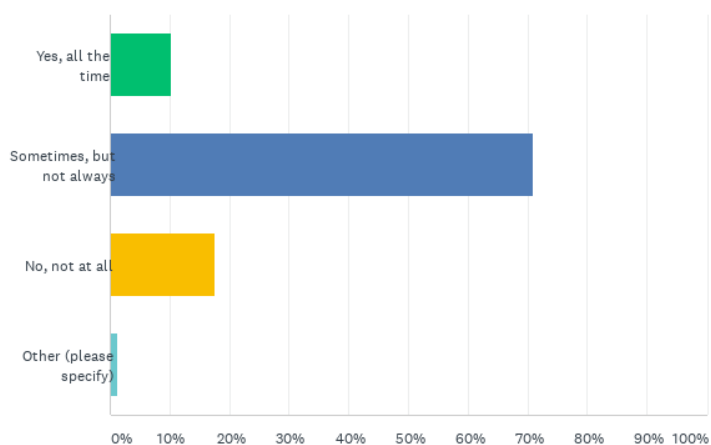


Figure 4.11

Q12 Have you ever told a doctor "half-truth" because you didn't want to be judged?

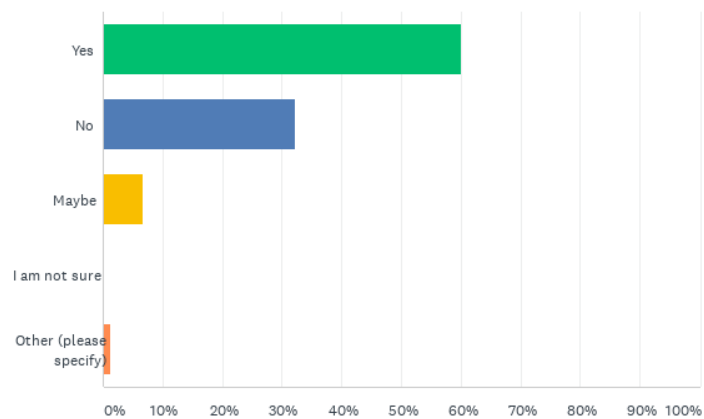


Figure 4.12

Q13 As a Black woman, would you feel more comfortable with a Black doctor/physician?

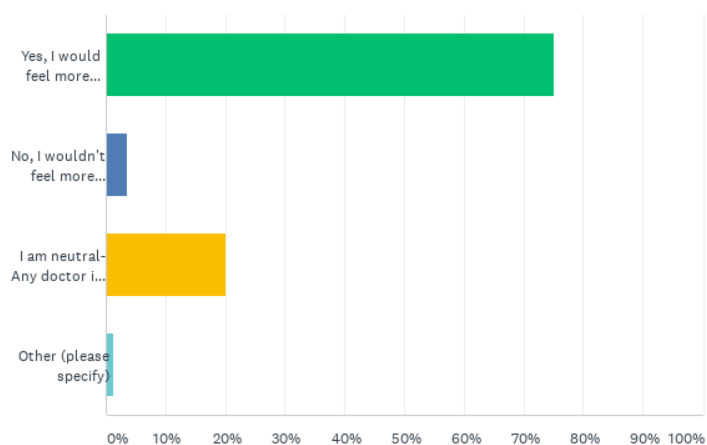


Figure 4.13

Q14 Please click this link - "Doctors don't believe Black Women". What are your thoughts or reactions?



The clip shown is from a August CBS News story called **Maternal mortality: An American crisis**. Dr. Neel Shah, a Harvard Medical School professor, said in the interview “[Doctors] believe black women less when they express concerns about the symptoms they’re having, particularly around pain”

Figure 4.14

Answered: 138 Skipped: 27

Q15 How do you think we can improve the awareness, education, and disparities regarding Black women and health care? Check all that apply

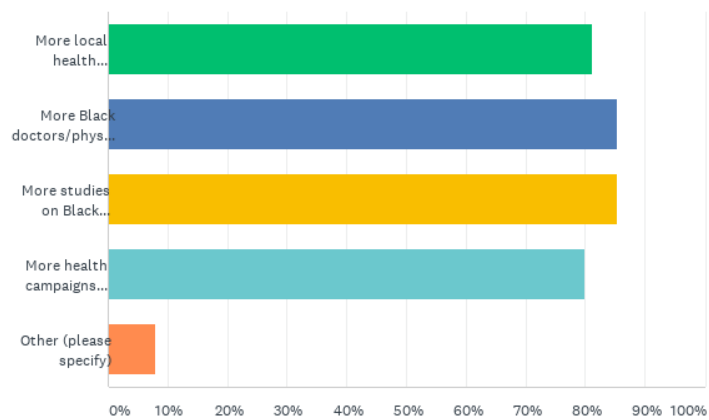


Figure 4.15

CHAPTER 5

DISCUSSION

Through my survey data and results, I was able to analyze the trends and comparisons from all of my survey respondents. To begin, as shown in figure 4.1, all 165 of my survey respondents identified as female, which was the targeted goal of the survey. In regards to the age group, the survey results display that the majority of survey respondents ranged from ages 25-34 years old. Ages 19-24, and 45-54, were the second and third majority of the survey respondents. All respondents of the survey identified as Black or African-American, which was also the intended goal of the survey and displayed in figure 4.2. (With the exception of one respondent identifying as Hispanic or Latino). Respondents were asked about how the survey respondents usually access health care information, with 80% of the responses being healthcare workers (Doctors/ Nurses). 65% of survey respondents stated that they used online sources/ social media for health care information, which is a part of my research connection with media access. 65% of survey respondents relied on family and friends to obtain health care information, which is a popular trend of health communication among Black women. Radio, TV, newspapers and magazines received the lowest number of responses, which averaged to about 21%. Other sources that were stated included health books and journals (Figure 4.4). Respondents about the challenged they feel Black women face in health care today, with 84% being a lack of stronger doctor-patient relationships (Figure 4.5). This was also a key highlight of both focus group discussions. Being dismissed or ignored by doctors, which is a common disparity studied among Black women, fell in second place at 80%, Lack of health care resources and racial bias against pain treatment received the same number of responses, putting both answer choices at 67%. Other responses that were not listed in the answer choices included cost of health care, poor

health care literacy, high maternal mortality rates, and abuse. Regarding personal experiences with doctors, and if respondents felt like they received proper medicine/treatment from their doctors. 89% of respondents answered “usually”, and 31% answered “sometimes”. This shows that most Black women are not satisfied with the care and treatment that they receive from doctors and physicians. Only 9% of respondents felt that they “always” received proper treatment and medical attention from doctors, which is a pretty low percentage (Figure 4.6). When asked about how respondents would describe their relationships with their doctors, 68% answered “Good”, and 58% answering “neither good nor bad”. This is actually a pretty good outcome for Black women, because of the many aspects that falls into doctor-patient relationships. 21% of respondents stated that their relationship with their doctor is excellent, which is good, but not a high number, along with 3% stating that they have a bad relationship with their doctors (Figure 4.7). Further, respondents agreed that financial stability and poverty reflects Black women’s lack of health awareness, and majority of respondents either strongly agreed or agreed, which averaged to about 92%. Financial stability and poverty were also discussed in the focus groups, and were identified as key contributing factors to Black women’s health disparities (Figure 4.8). 87% of respondents agree that some doctors believe in racial stereotypes and discriminate patients because of their gender and race, while about 10% either disagreed or were unsure. Gender and race are two socio-economic factors that are constantly being examined and researched within the health care sector. Respondent choices were pretty scattered when asked if they think doctors today are trained to work off racial bias towards patients, displayed in figure 4.10. 35% answered “maybe”, while 21% answered “yes” and 21% answered “no”. 20% of respondents were unsure about the question, which helps predict that most Black women have little experience and knowledge of doctor-patient relationships. 71% of

respondents answered “sometimes, but not always”, when asked if they ever felt ignored, judged or dismissed by a doctor/physician. This is something that has become extremely popular in research concerning Black women’s health, and continues to be examined from health care workers and researchers. Respondents were asked if they’d ever told doctors the “half-truth”, to resist being judged, and 60% answered “yes” (Figure 4.12). This ties in with the distrust and disconnect between doctor and Black female patients. Black women, and women overall, should not feel like they cannot be honest with their health care physicians. Honesty and trust help build doctor-patient relationships, and can help the wellness of not only the patient, but the doctor as well. Effective communication in health care is very important, and hopefully can become a common trend in for Black women in the future. 75% of respondents answered “yes”, when asked if they would feel more comfortable with a Black doctor/ physician (Figure 4.13). I believe this reflects the lack of diversity within the health care system. Most races/ethnicities become more trusting and comfortable with doctors who not only look like them but understand them. With more diverse medical workers, patients are able to build stronger connections and workers learn more about minority health and wellness. Figure 4.14 asked respondents to watch a shot clip from a 2018 CBS news story called: *Maternal Morality: An American Crisis*. The clip featured Dr. Neel Shan, a Harvard Medical School professor, who explains that doctors believe black women less, when it comes down to pain. Respondents were to give any thought, opinions, or feedback after watching the clip. Out of 138 responses to this question, most of the respondents felt similar feelings and opinions. Some feedback included feeling amazed, surprised, not surprised, angry, frustrated, sad, heartbreaking, and devastation. I was very intrigued to read about some of the respondent’s personal experiences and feelings of this video, especially because I don’t know who they are. Being able to read and connect with other Black

women's health experiences is a great way to bring awareness to the situation. Lastly, we asked how we can improve the awareness, education, and disparities regarding Black women and health care, 85% of respondents suggested all of the answer choices, including more local health centers, more Black doctors, more studies on Black women's health, and more campaigns promoting Black women's health. Other suggestions included diversity training courses, health equality, and mentoring programs (Figure 4.15). Overall, both research studies, including the focus groups and questionnaire survey, help acknowledge the health disparities of Black women in the U.S, and seeks improvement and change in the future.

CHAPTER 6

CONCLUSION

In conclusion, this study provides an overview of the immensity and trends of Black women's health disparities in the United States. The research prevails historical systematic and societal factors that contribute to the tragic experiences, statistics, and outcomes of Black women in health care. The many social and systematic barriers for Black women have become unbarring, especially when it comes to receiving equitable health care, treatments, and medicine. The study did find some changes in the perceptions of Black women's experiences over time as many stated that their relations with their doctors were either excellent, good, or were neutral and only a small percent stated that they were bad.

This study explored the many aspects that contribute to Black women's health, including maternal and sexual reproductive health, pain treatments, and doctor-patient relationships. Both research methods helped obtain information and experiences of Black women from all over the United States. Being able to connect and learn about different health circumstances of Black women, from both a younger and older demographic, developed a great platform and resource of awareness.

This study not only explored the research of Black women's health disparities, but also connected with how media is used as a tool of knowledge and accessing health-related information. Today, more documentaries, news stories, research, websites, campaigns and social media sites are developing that targets Black women's health. These media sources help supply health resources to Black women, including health care providers and centers around the United States. Mass media also brings awareness to Black female celebrities and stars, who also experience health disparities and mistreatment in the health care system. Black women today are

faced with a number of health concerns, including maternal mortality, obesity, cancer, breast cancer, diabetes and high blood pressure. Because of this, Black women must be able to advocate and educate themselves about health and wellness, and be able to utilize the resources that are available in their communities. Some suggestions on improving Black women's health disparities include expanding health care coverage, improving doctor-patient relationships, more research and health campaigns that helps bring awareness, and more diversity within the health care system. Black women deserve to live long and healthy lifestyles, and to do so, we must be able to offer and achieve equitable health care resources and improve the health care system. In the end, I propose that my research not only shines light and acknowledgment to Black women's health disparities in the United States, but also be a part of the voice for change and development in the future.

REFERENCES

- Abdou, C. M., & Fingerhut, A. W. (2014). Stereotype threat among black and white women in health care settings. *Cultural diversity & ethnic minority psychology*, 20(3), 316–323. doi: 10.1037/a0036946. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5449200/>
- American Medical Colleges, A. (2019, June 1). Percentage of all active physicians by race/ethnicity. Retrieved from <https://www.aamc.org/data-reports/workforce/interactive-data/figure-18-percentage-all-active-physicians-race/ethnicity-2018>
- Anwar, Y. (2019, January 18). Why middle-class black women dread the doctor's office. Retrieved from <https://news.berkeley.edu/2019/01/18/invisiblevisits/>
- Asiedu, G. B., Hayes, S. N., Williams, K. P., Bondaryk, M. R., Halyard, M. Y., Parker, M. W., Balls-Berry, J. E., Pinn, V. W., & Breitkopf, C. R. (2017). Prevalent Health Concerns Among African American Women Belonging to a National Volunteer Service Organization (The Links, Incorporated). *Journal of racial and ethnic health disparities*, 4(1), 19–24. <https://doi.org/10.1007/s40615-015-0195-7>
- Association News, A. (2018, May 21). Efforts underway to increase diversity in the medical field. Retrieved from <https://www.heart.org/en/news/2018/05/25/efforts-underway-to-increase-diversity-in-the-medical-field>
- Beim, P. (2020, June 08). The Disparities in Healthcare for Black Women. Retrieved from <https://www.endofound.org/the-disparities-in-healthcare-for-black-women>
- Beyoncé isn't alone: Why so many black US women face potentially fatal pregnancy complications. (2018, August 22). Retrieved from <https://www.advisory.com/daily-briefing/2018/08/22/childbirth>

Black Women's Maternal Health- A Multifaceted Approach to Addressing Persistent and Dire Health Disparities. (2018, April). Retrieved from

<https://www.nationalpartnership.org/our-work/health/reports/black-womens-maternal-health.html>

Carter, C. (2018, November 20). Kim Porter And Why Some Doctors Don't Believe Black Women: BlackDoctor.org - Where Wellness & Culture Connect. Retrieved from

<https://blackdoctor.org/kim-porter-and-why-some-doctors-dont-believe-black-women/>

Chen, T. (2020, June 13). A Viral TikTok Is Sparking A Conversation About Racial Bias Against Black People In Healthcare. Retrieved from

<https://www.buzzfeednews.com/article/tanyachen/white-doctor-viral-tiktok-about-racial-biases-against-black>

Chiu, A. (2018, August 7). Beyoncé, Serena Williams open up about potentially fatal childbirths, a problem especially for black mothers. Retrieved from

<https://www.washingtonpost.com/news/morning-mix/wp/2018/08/07/beyonce-serena-williams-open-up-about-potentially-fatal-childbirths-a-problem-especially-for-black-mothers/>

Cooper, L. A., Roter, D. L., Carson, K. A., Beach, M. C., Sabin, J. A., Greenwald, A. G., & Inui, T. S. (2012). The associations of clinicians' implicit attitudes about race with medical visit communication and patient ratings of interpersonal care. *American journal of public health, 102*(5), 979–987. <https://doi.org/10.2105/AJPH.2011.300558>

Douglas, N. (2020, February 28). I'm a doctor, and I want to talk about the racial disparities that affect Black women's health. Retrieved from <https://www.wellandgood.com/black-women-health-care/>

- Dudley, R. (2012, November 4). Toward an Understanding of the 'Medical Plantation' as a Cultural Location of Disability. Retrieved from <http://dsq-sds.org/article/view/3248/3184>
- Gallegos, Alicia. *Latest Medical News, Clinical Trials, Guidelines - Today on Medscape*, 22 Dec. 2020, www.medscape.com/slideshow/black-physician-Influencers-6013450#1.
- Gamble, V N. "Under the Shadow of Tuskegee: African Americans and Health Care." *American Journal of Public Health*, vol. 87, no. 11, 1997, pp. 1773–1778., doi:10.2105/ajph.87.11.1773
- Glass, K. (2020, July 24). What to say if you're a Black woman and your doctor won't believe you. Retrieved from <https://www.today.com/health/what-say-if-you-re-black-woman-your-doctor-won-t187769>
- Hoffman, K. M., Trawalter, S., Axt, J. R., & Oliver, M. N. (2016, April 19). Racial bias in pain assessment and treatment recommendations, and false beliefs about biological differences between blacks and whites. Retrieved from <https://www.pnas.org/content/113/16/4296.full>
- Holland, Brynn. "The 'Father of Modern Gynecology' Performed Shocking Experiments on Slaves." *History.com*, A&E Television Networks, 29 Aug. 2017, www.history.com/news/the-father-of-modern-gynecology-performed-shocking-experiments-on-slaves.
- Holpuch, Amanda. "Black Patients Half as Likely to Receive Pain Medication as White Patients, Study Finds." *The Guardian*, Guardian News and Media, 10 Aug. 2016, www.theguardian.com/science/2016/aug/10/black-patients-bias-prescriptions-pain-managementmedicine-opioids.

- Howard, J. (2018, August 06). Beyoncé, Serena Williams bring attention to risks of childbirth for black women. Retrieved from <https://www.cnn.com/2018/08/06/health/beyonce-vogue-pregnancy-complication-bn>
- Hylton, G. "Black Women's Treatment In Health Care." Medium, Medium, 23 Dec. 2018, medium.com/@smooth_orator/black-womens-treatment-in-health-care-e3409ca0411b.
- Jacobs, E. A., Rolle, I., Ferrans, C. E., Whitaker, E. E., & Warnecke, R. B. (2006). Understanding African Americans' views of the trustworthiness of physicians. *Journal of General Internal Medicine*, 21(6), 642-647. doi:10.1111/j.1525-1497.2006.00485.x
- Johnson, T. (2019, March 11). The Importance of Physician-Patient Relationships Communication and Trust in Health Care. Retrieved from <https://dukepersonalizedhealth.org/2019/03/the-importance-of-physician-patient-relationships-communication-and-trust-in-health-care/>
- Jordan, A. (2020, June 17). The Importance of Diversity in Healthcare & How to Promote It. Retrieved from <https://www.provocollege.edu/blog/the-importance-of-diversity-in-healthcare-how-to-promote-it/>
- Kimberly R. Jacob Arriola, Christina P. C. Borba, & Winifred Wilkins Thompson. (2007). The Health Status of Black Women: Breaking through the Glass Ceiling. *Black Women, Gender Families*, 1(2), 1-23. Retrieved March 1, 2021, from <https://www.jstor.org/stable/10.5406/blacwomegendfami.1.2.0001>
- "Maternal Mortality: An American Crisis." Facebook Watch, CBS News, www.facebook.com/BlackDoctor.org/videos/doctors-dont-believe-black-women/142209986662247/.

Nair, L., & Adetayo, O. A. (2019). Cultural Competence and Ethnic Diversity in Healthcare.

Plastic and reconstructive surgery. *Global open*, 7(5), e2219.

<https://doi.org/10.1097/GOX.0000000000002219>

National Partnership For Women & Families. *Black Women's Maternal Health*, Apr. 2018,

www.nationalpartnership.org/our-work/health/reports/black-womens-maternal-health.html

Picheta, R. (2020, August 20). Black newborns 3 times more likely to die when looked after by

White doctors. Retrieved from <https://www.cnn.com/2020/08/18/health/black-babies-mortality-rate-doctors-study-wellness-scli-intl/index.html>

Practice, M. (2018, December 17). The Importance of Diversity in Health Care: Medical

Professionals Weigh In. Retrieved from <https://www.sgu.edu/blog/medical/pros-discuss-the-importance-of-diversity-in-health-care/>

Prather, Cynthia, et al. "Racism, African American Women, and Their Sexual and Reproductive

Health: A Review of Historical and Contemporary Evidence and Implications for Health Equity." Mary Ann Liebert, Inc., Publishers, 22 Sept. 2018,

www.liebertpub.com/doi/full/10.1089/heq.2017.0045.

Rao, V. (2020, July 27). 'You are not listening to me': Black women on pain and implicit bias in

medicine. Retrieved from <https://www.today.com/health/implicit-bias-medicine-how-it-hurts-black-women-t187866>

Rosario, Isabella. "Viral Tweet Highlights Disbelief of Black Women's Pain by Doctors."

Medium, Medium, 29 Oct. 2018, medium.com/@isabellarosario/viral-tweet-highlights-disbelief-of-black-womens-pain-by-doctors-11107fbbcd89

- Sabin, J. A. (2020, January 06). How we fail black patients in pain. Retrieved from <https://www.aamc.org/news-insights/how-we-fail-black-patients-pain>
- Sacks, T. K. (2019). *Invisible Visits: Black Middle-Class Women in the American Healthcare System*. Oxford University Press.
- Savitt, Todd L. "The Use of Blacks for Medical Experimentation and Demonstration in the Old South." *The Journal of Southern History*, vol. 48, no. 3, 1982, pp. 331–348. JSTOR, www.jstor.org/stable/2207450
- Shortsleeve, C. (2020, August 27). We Desperately Need More Black Female Doctors. Retrieved from <https://www.shape.com/lifestyle/mind-and-body/lack-black-female-doctors-united-states>
- Stallings, E. (2020, October 06). This Is How the American Healthcare System Is Failing Black Women. Retrieved from <https://www.oprahmag.com/life/health/a23100351/racial-bias-in-healthcare-black-women/>
http://startmovingstartliving.com/wp-content/uploads/2014/04/MIL_HealthDispAAW.pdf
- Stereotype Threat Definition. (2013, August 29). Retrieved from <https://www.edglossary.org/stereotype-threat/>
- Toirac, J. (2021, February 15). Black Women's Health Imperative. Retrieved from <https://bwhi.org>
- Trawalter, S. (2020, June 30). Black Americans are Systematically Under-Treated for Pain. Why? Retrieved from <https://batten.virginia.edu/about/news/black-americans-are-systematically-under-treated-pain-why>
- U.S. Department of Health and Human Services, Health Resources Services Administration, Maternal and Child Health Bureau. *Women's health USA 2010*. Rockville, MD; U.S.

Department of Health and Human Services, Health Resources Services Administration,
Maternal and Child Health Bureau: 2010

Wall L. L. (2006). The medical ethics of Dr J Marion Sims: a fresh look at the historical record.

Journal of medical ethics, 32(6), 346–350. <https://doi.org/10.1136/jme.2005.012559>

Williams D. R. (2002). Racial/ethnic variations in women's health: the social embeddedness of
health. *American journal of public health*, 92(4), 588–597.

<https://doi.org/10.2105/ajph.92.4.588>

APPENDICES

APPENDIX A
Focus Group Questionnaire

1. As this is related to health issues, what do you do to take care of your health?

Exercise? Diet?

2. How do you feel about Black women's health and wellness in 2021?

3. What are some struggles/disparities that you believe Black women face in society?

In the health-care field?

4. Do you think that women have had bad experiences with doctors and health care professions due to their social or racial issues?

5. Have you ever felt ignored or dismissed by a doctor/physician? Any particular reason/s?

6. Are there any reasons that prevent you or your family from approaching doctors or hospitals when you are sick or need help?

7. When you book a doctor's appointment, do you give preference for a particular doctor?

8. What suggestions do you have about improving the health disparities of Black women in the United States?

APPENDIX B
Survey Questionnaire

1.) Gender?

- Female
- Male
- Other—

2.) What is your age group?

- 18-24 years old
- 25-34 years old
- 35-44 years old
- 45-54 years old
- 55 and above

3.) What is your ethnicity?

- White
- Hispanic or Latino
- Black or African American
- Native American or American Indian
- Asian / Pacific Islander
- Other--- Please specify

4.) Where/How do you usually access health information (sexual health, weight, body pains... etc) ? Check all that apply.

- a. From family
- b. From Friends
- c. From online sources/ social media
- d. Healthcare workers- doctors and nurses

- e. From Newspapers and magazines
- f. Radio & Television
- g. Any other -----Please specify

5.) What challenges do you think Black Women face in health care today? Check all that apply.

- a. Lack of health care resources
- b. Lack of stronger doctor-patient relationships
- c. Racial bias against pain treatment
- d. Feelings of being dismissed or ignored by doctors
- e. Any other--- Please specify

6.) Through your own experiences, do you believe you've received proper medicines and treatment from doctors during your visits?

- a. Always
- b. Sometimes
- c. Never
- d. Any other information---- Please specify

7.) How would you describe your relationship with your doctor?

- a. Excellent
- b. Good
- c. Neither good nor bad
- d. Bad
- e. Very bad

8.) Do you agree that financial stability and poverty reflects Black women's lack of health awareness?

- a. Strongly agree
- b. Agree
- c. Neither agree nor disagree

- d. Disagree
- e. Strongly Disagree

9.) Do you think doctors believe in racial stereotypes and discriminate patients because of their gender and race?

- a. A lot
- b. Somewhat
- c. Not at all
- d. I am not sure
- e. Others----Please specify

10.) Do you think doctors today are trained well enough to not work off any racial bias?

- a. Yes
- b. No
- c. Maybe
- d. I am not sure
- e. Other---- Please specify

11.) Have you ever felt ignored, judged, or dismissed by a doctor or physician?

- a. Yes, all the time
- b. Sometimes, but not always
- c. No, not at all
- d. Other---Please specify

12.) Have you ever told a doctor "half-truth" because you didn't want to be judged?

- a. Yes
- b. No
- c. Maybe
- d. I am not sure
- e. Other---Please specify

13.) As a Black woman, would you feel more comfortable with a Black doctor/physician?

- a. Yes, I would feel more comfortable
- b. No, I wouldn't feel more comfortable
- c. I am neutral- Any doctor is okay with me.
- d. Other--- Please specify

14.) Please watch this short clip - What are your thoughts? Reactions?

www.facebook.com/BlackDoctor.org/videos/doctors-dont-believe-blackwomen/142209986662247.

15.) How do you think we can improve the awareness, education, and disparities regarding Black women and health care? Rank in order of your preference

- a. More local health physicians in Black neighborhoods
- b. More Black doctors/physicians in the medical field
- c. More studies being done on Black women's health and wellness
- d. More health campaigns promoting Black women's health and wellness
- e. Other suggestions—Please specify

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