Accessibility to Healthcare for Black Women in Cities

In today's environments, where diversity and urbanism intersect, black women face the challenges of navigating healthcare systems that are influenced by social, economic, and systemic factors. Within the cityscapes, black women encounter discrepancies across aspects of their health journey such as maternal wellbeing, reproductive services, mental health support, and lack of representation. As urban centers continue to evolve, it becomes crucial to understand the combination of factors contributing to these disparities in order to promote inclusive healthcare practices. By delving into the aspects of healthcare accessibility and outcomes for women within cities, researchers can pinpoint interventions and policy measures necessary to achieve health equity within diverse urban communities.

A primary issue that causes health discrepancies for women is the physical access to healthcare services. In urban areas, there can be variations in the distribution of healthcare facilities, leading to differences in access based on neighborhood or district. In 2022, Detroit was rated as the most racially segregated hospital market in the US. "Researchers compared the populations that hospitals serve to their community area or areas they could serve." The report measures "how well more than 2,800 U.S. hospitals serve people of color in their surrounding community" (Liss 2022). In Detroit, nine out of ten of its hospitals contributed to its status, researchers found. In addition to racially segregated markets, Lown's study also reported that elective procedures "skew disproportionately white," which the study noted could be a driver behind the least inclusive hospitals. Hospitals that do more elective procedures tend to serve whiter and wealthier patients. Vikas Saini, president of the Lown Institution, conducted the study and claimed that "given the destructive impact of the pandemic on communities of color, a return to business as usual isn't acceptable and almost guarantees slipping backwards on racial equity"

(Liss 2022). This leads to people of color and lower socio-economic classes struggling to have proper access to healthcare facilities, especially in cities with inadequate public transportation. In Detroit, residents of roughly 60,000 households, of whom 80 percent are black, have no access to an automobile. One would hope that a city that has so many residents unable to afford a car would have a reliable public transportation system; However, that is not the case in Detroit. Widely regarded as one of the nation's worst public transit systems, Detroit relies on "two unconnected and inadequate bus systems" that serve more than 4 million residents (Felton 2014). Structural racism in transit agencies "... happen a lot in areas where cities have large Black populations and suburbs that are predominantly White. In Detroit, not only do the suburbs have their own agency that excludes the city, but by policy, those buses will not pick up Detroit residents as they pass through the city" (Spieler 2020). This lack of transportation is rooted in Detroit's historic racist past. The black neighborhoods where buses do not run as frequently were formed due to the creation of the ghettos. As described by David Harvey in the *Right to the City*, racial segregation in housing in the United States was not simply the result of individual choices or market forces, but was actively and intentionally promoted by government policies at various levels. This was reiterated in the *Color of Law* where Richard Rothstein discussed how African Americans have not chosen to live in neighborhoods that are impoverished, but instead African Americans were intentionally concentrated by the government into certain neighborhoods that were then turned into slums. The government also created barriers preventing black citizens from escaping the ghettos. "The ghettoization of American cities through *de jure* segregation policies shows how the government has created housing disparities to preserve the United States' system of racial caste, which dates back to slavery" (Rothstein 2017). With the transportation system

still following the racist policies of the 1950's, Black women in Detroit face immense struggle to access common healthcare.

Within the women's healthcare system, disparities in maternal mortality rates can exist among women in cities, with certain populations experiencing higher rates due to factors such as race, socioeconomic status, and limited access to quality prenatal care. In 2021, the US "maternal mortality rate for Black women was 69.9 deaths per 100,000 live births, compared with 26.6 for white women — a result of systemic racism, which leads Black mothers to have less access to health care and less financial help" (Kalter 2023). In a request received from Council Member Angela Whitfield- Calloway, The city of Detroit's Legislative Policy Division (LPD) released the findings regarding the Black Maternal Mortality Rate in the City of Detroit. "The Maternal Health Task Force (MHTF) identified that Women of Color had poorer access to high quality reproduction health information and services, were discriminated against in the healthcare system, and experienced higher rates of disrespect and abuse. The MHTF also identified that stress associated with situational experiences of racial discrimination and poverty were associated with an increased risk of negative prenatal outcomes, including preterm birth and infant death for Black women" (2022). In Michigan and across the United States, even when controlling for age, socioeconomic status, and education, Women of Color face a higher risk of death from pregnancy complications. From 2011-2015, in Michigan, Black, non-Hispanic women were three times more likely to die from pregnancy-related causes than White, non-Hispanic women. "The *Michigan Advance* reports that Detroit's maternal death rate is 3 times the national average and pregnant Black women are 4.5 times more likely to die than non-Hispanic white women. And 44% of pregnancy-related deaths were preventable, according to a recent analysis by the Michigan Maternal Mortality Surveillance Committee" (MMMS 2022). In

the release findings “preventable deaths” were described by the Mother Infant Health & Equity Improvement Plan (MIHELP) as “social determinants of health and equity as the economic and social conditions/systems that influence the health of individuals and communities. The conditions and systems under which people are born, grow, live, work, and age” (MIHELP 2022). When delving deeper into the preventable deaths in Detroit, 50% of these deaths are attributed to the social, economic, and physical environment which include housing, transportation, education, and income. Disparities exist in the social determinants of health, because of these systemic inequities (LPD 2022).

Another factor that has led to healthcare discrepancies for black women is the lack of representation in the healthcare workforce. There is a lack of Black women working in the healthcare field leading to misrepresentation of the members in the community. A study conducted by Janette Dill and Mignon Duffy had the objective of describing how structural racism and sexism shape the employment trajectories of Black women in the US healthcare system. “Using data from the American Community Survey, we found that Black women are more overrepresented than any other demographic group in health care and are heavily concentrated in some of its lowest-wage and most hazardous jobs. More than one in five Black women in the labor force (23 percent) are employed in the health care sector, and among this group, Black women have the highest probability of working in the long-term-care sector (37 percent) and in licensed practical nurse or aide occupations (42 percent). Our findings link Black women’s position in the labor force to the historical legacies of sexism and racism, dating back to the division of care work in slavery and domestic service” (Dill and Duffy 2022). The case study also found that Black women often face discriminatory treatment and racist abuse from care patients and employers when working in caregiving jobs. Having a lack of representation

significantly affects the experience Black women have when receiving healthcare. Insufficient representation could potentially create difficulties in communication as Black women might come across healthcare professionals who may not be well versed in their backgrounds, experiences, and preferred ways of communication. Consequently, this could lead to misunderstandings and impede the effectiveness of doctor patient interactions. Beyond communication other providers may have implicit bias that can affect the diagnostic and treatment decisions made by healthcare providers. The absence of Black women in the workforce may contribute to stereotypes and biases that influence medical judgments, potentially resulting in disparities in the quality of care. The history of exploitation and unethical practices, against communities plays a role in creating mistrust. Increasing the diversity of healthcare professionals including Black women can play a role in building trust and establishing a positive relationship between patients and providers which in turn encourages open and effective communication. The absence of Black women in leadership roles within healthcare organizations may lead to a lack of representation in decision-making processes. This can contribute to the development and implementation of policies that do not adequately address the unique healthcare needs of Black women; This can have an impact on the creation and execution of policies that fail to cater to the healthcare requirements of Black women. In the case study *Historical Trends in the Representativeness and Incomes of Black Physicians, 1900–2018* conducted by the Journal of General Internal Medicine found that "relative to the 13% of the US population who are Black, the proportion of physicians who are Black remains low at 5%" (2018). Over the 78-year period, Black women physicians only grew 2.7% across the US. Only 2.8% of women physicians were black in 2018 which doesn't accurately represent the 7.2% of women in the US who were black [at that time]. (US Census 2018)

Black women also face discrepancies in the mental healthcare field as well. Black women face the struggles of being both black and a woman which can take a toll on one's mental health. These mental health struggles can begin at youth especially if a person grew up in an impoverished area. In-depth interviews by Jeffrey R. Kling, now with the Congressional Budget Office, and Jeffrey B. Liebman and Mr. Katz of Harvard revealed that these families "organized their entire lives around protecting their sons and daughters from the genuine dangers of ghetto life." These mothers were "intensely focused on their children," and as a result "younger children in particular were seldom allowed outside of the apartment, and never beyond the mother's watchful gaze" (Wolfers 2016). Growing up in a society filled with racism and inequality has obvious mental health effects, yet Black women don't have adequate access to mental health resources or providers that understand how to help treat these mental struggles. Athenahealth conducted a study on the visits made by patients to their primary care providers (PCPs) (2020). The findings revealed that anxiety and depression were widespread among more than 24 million patients. Interestingly there were differences in how these conditions were diagnosed among demographic groups. "We cannot look at racial disparities without recognizing that the systems in our country were built to serve the white majority, and the healthcare system is no exception," Kelly Yang, BS, a medical student and research scholar at Albert Einstein College of Medicine in New York City. In the study, "White patients were significantly more likely to be diagnosed with either depression or anxiety than Black, Hispanic/Latino, and especially Asian patients" (Simon 2021). "A study from 2000 shows that African Americans seeking treatment are less likely to be offered evidence-based medication, therapy, or psychotherapy. This also highlights another issue: a lack of research. There is a dearth of information not only on what's happening in the African American community, but also on what works for [the community]" (Floyd 2020).

Those facing mental health struggles want to find a therapist or provider that understands their struggle. This is a daunting task when only about 4% of psychologists are Black, including both genders. Dr. Alang, chair of the Health Justice Collaborative at Lehigh University and the author of a recent study on mental health care among Black people, points out that most of what we know about "evidence-based treatments has been developed by research and experiments on white people, and so it isn't necessarily applicable to African Americans" (Floyd 2020). Another problem is the stigma around asking for help as a Black woman. "It's been bred into Black women that we have to be strong all the time—but it's a trap," says Monnica Williams, Ph.D., ABPP, a psychologist and Canada Research Chair of Mental Health Disparities at the University of Ottawa. With the current state of research, it is clear that Black women experience an increased rate of mental health struggles, with the existence of a lack of resources to remedy their issues.

Although research on the healthcare disparities for Black women seem grim there are proposed solutions to these issues. "The Urban Health Assessment Response Tool (Urban HEART) was developed by the World Health Organization. In 2016, the Urban HEART was adapted and used by the Healthy Environments Partnership, a long-standing community-based participatory research partnership focused on addressing social determinants of health in Detroit" (Journal of Urban Health 2021). Understanding the patterns and dynamics that are inherent in statistical analysis is crucial for the Urban HEART process. These initial findings act as signals for discussions, and provide opportunities to gather insights from community members and additional research to develop recommendations for policies and interventions. "An examination of the patterning of social, physical, economic, and political determinants of health and their associations with health provides a powerful tool that can be used to visualize and quantitatively

assess the drivers of adverse health outcomes and also to identify neighborhoods that may particularly benefit from specific types of investment to improve the health of their residents. We recommend the application of the Urban HEART, in active dialog with community groups, organizations, and leaders, as a tool to move forward, analysis and action to address determinants of health and to promote health equity" (Journal of Urban Health 2021). Abdul El-Sayed discusses his work and solutions to helping aid the discrepancies in healthcare for Detroiters, "when we talk about the social determinants of disease, it's really the fact that people living in poverty without access to high-quality work opportunities, without access to good transportation, who are forced to live in homes that are in disrepair, in communities that expose folks to trauma, where the air is poisoned, the water may not be clean or too expensive so it's in-affordable, or there's not access to high quality foods. Those all come together. They're a syndrome"(University of Michigan School of Public Health 2019). One important focus of the initiatives in Detroit was to establish the Health Department as an advocate in the fight for justice, which is a pressing concern in communities such as Detroit. In this area children face a risk of hospitalization due to asthma mainly because of the poor air quality caused by the significant industrial presence in Detroit. Adding to this problem is the fact that historically the city has not taken measures to ensure that corporations operating within the community are responsible and accountable to its residents. El-Sayed states that "people don't realize how housing is really at the core of public health and how some of these other determinants are so heavily influenced by where your house is located, the conditions of your home, and things like that. Some of the work that we've been doing here at the school of public health looks at the multi-dimensional effects of housing, and these include things like affordability, access and conditions and how these impact health individually and jointly. When we talk about affordability, we are referring to how much a

household is paying towards housing costs like rent, mortgage, property taxes, and utilities and how much they are left with after paying for all of those to be able to purchase necessities like food, medication, and clothes. Access refers to physical and social barriers, like housing discrimination and gentrification that limit individuals' housing options, and in the neighborhoods that they want. And then finally, conditions refer to the physical structure within and around the home that could cause harm, or some form of injury like lead pipes or poor air circulation that could result in mold build-up and such" (University of Michigan School of Public Health 2019). Despite existing discrepancies within the healthcare system, there are healthcare organizations that are providing possible solutions to creating an equitable healthcare system within cities like Detroit.

In our current society Black women face numerous challenges when it comes to navigating healthcare systems. These systems are complex, with social, economic, and systemic factors all playing a role in the discrepancies Black women experience. Whether its issues related to access to healthcare, reproductive services, mental wellbeing, or lack of representation in providers, women in urban areas face discrepancies. Examining the aspects of healthcare access for women in cities is crucial to gain insights that can inform politicians and healthcare providers to implement policy changes. This understanding is essential for promoting health equity within communities and ensuring that our cities prioritize the health of Black women.

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