

Does Race, Ethnicity, or Gender Matter in Health Care?

It all depends on you.

Our effectiveness as health care providers is increased by being attuned to when these factors impact the care we provide.

Given our increased ability to use technology to analyze multiple factors we are learning to tease out the intricacies of race, ethnicity, and gender in the research that drives our standards of care.

Each person's health profile reflects a combination of biology, heritage, habits, experiences, and the impact of social factors. Some of these change the expression of genetic factors, others increase the risk of certain conditions, and still others are protective.

Aggregated data provide a framework for the care and treatment we provide. But it has its limits. For example, use of the term 'minority' is not helpful as each group of people, including non-Hispanic whites, includes a variety of heritages.

While aggregated data provide valuable knowledge, it is the individual nuances of the patient in front of us that should drive clinical judgment. Looking at each person as an individual within a broader context is the refinement of the lessons learned from case studies.

Science and clinical research are providing an opportunity for us to recalibrate what we do based on what we now know and what we hope to discover. Our challenge is to be open to new clinical interventions to help achieve the best health for all.

Consider this:

- Black and Hispanic women have higher rates of cervical cancer than non-Hispanic White women¹ highlighting the importance of regular Pap screening.
- Hispanic, Asian, and Black patients are less likely to have clinicians follow-up with test results.²
- In 2020 the American Cancer Society updated its cervical cancer screening recommendations to prioritize HPV testing even though the limitations state "There is disparity in the cervical cancer disease burden in the United States, with higher rates of disease among Black and Hispanic women and women of lower socioeconomic status: populations not optimally represented in the RCTs [randomized controlled trials]."³
- Black and Native American women have the highest pregnancy-related mortality ratios (PRMR) while Hispanic women have ratios that are better than or comparable to White women.⁴
- Healthy Hispanic mothers are more likely than non-Hispanic white mothers to deliver by cesarean section despite being low risk, which increases maternal risks.⁵
- African American, Hispanic, and Asian/Pacific Islander women eligible for minimally invasive hysterectomy are more likely than white women to receive abdominal hysterectomy.⁶

¹ American Cancer Society. <https://cancerstatisticscenter.cancer.org/#!/cancer-site/Cervix?module=g4elyv7V>: ² An Equity Agenda for the Field of Health Care Quality Improvement by Margaret O'Kane, Shantanu Agrawal, Leah Binder, Victor Dzau, Tejal K. Gandhi, Rachel Harrington, Kedar Mate, Paul McGann, David Meyers, Paul Rosen, Michelle Schreiber, and Dan Schummers Sept. 15, 2021 Discussion Paper. National Academy of Medicine. Washington, DC ³ Fontham, ETH, Wolf, AMD, Church, TR, Etzioni, R, Flowers, CR, Herzig, A, Guerra, CE, Oeffinger, KC, Shih, Y-CT, Walter, LC, Kim, JJ, Andrews, KS, DeSantis, CE, Fedewa, SA, Manassaram-Baptiste, D, Saslow, D, Wender, RC, Smith, RA. Cervical cancer screening for individuals at average risk: 2020 guideline update from the American Cancer Society. *CA Cancer J Clin.* 2020; 70: 321- 346. ⁴ Petersen EE, Davis NL, Goodman D, et al. Racial/Ethnic Disparities in Pregnancy-Related Deaths – United States, 2007–2016. *MMWR Morb Mortal Wkly Rep* 2019;68:762–765. ⁵ Debbink, M. P., Ugwu, L. G., Grobman, W. A., Reddy, U. M., Tita, A., El-Sayed, Y. Y., Wapner, R. J., Rouse, D. J., Saade, G. R., Thorp, J. M., Jr, Chauhan, S. P., Costantine, M. M., Chien, E. K., Casey, B. M., Srinivas, S. K., Swamy, G. K., Simhan, H. N., & Eunice Kennedy Shriver National Institute of Child Health and Human Development (NICHD) Maternal-Fetal Medicine Units (MFMU) Network (2022). Racial and Ethnic Inequities in Cesarean Birth and Maternal Morbidity in a Low-Risk, Nulliparous Cohort. *Obstetrics and gynecology*, 139(1), 73–82. ⁶ Pollack LM, Olsen MA, Gehlert SJ, Chang SH, Lowder JL. Racial/Ethnic Disparities/Differences in Hysterectomy Route in Women Likely Eligible for Minimally Invasive Surgery. *J Minim Invasive Gynecol.* 2020 Jul-Aug;27(5):1167-1177.e2. doi: 10.1016/j.jmig.2019.09.003. Epub 2019 Sep 10. PMID: 31518712; PMCID: PMC7062558.



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