

Health Disparities in Family Planning

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Objectives

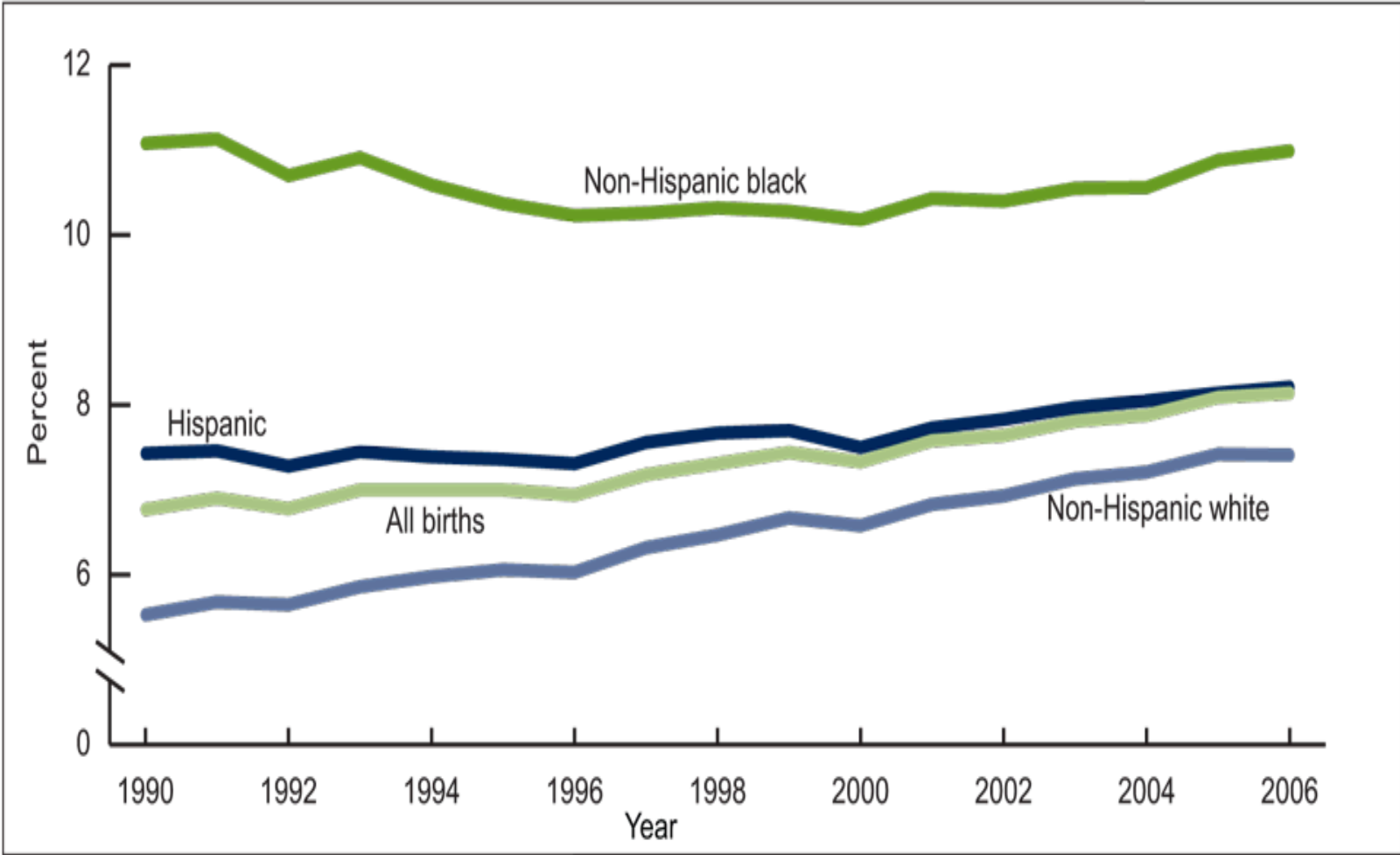
- Definitions
- Disparities in family planning
- Etiologies of disparities in family planning

Definitions

Blacks in the U.S. experience unequal health.

- Infectious disease
 - Hepatitis C: Blacks 22% of all cases
 - HIV: Blacks 44% of new cases
- Cancer
 - Cervical: 45% higher prevalence among Blacks
 - Death rates 2x higher
- Pediatrics
 - Neonatal death: 2x greater compared to whites
- Obstetrics
 - Preterm birth

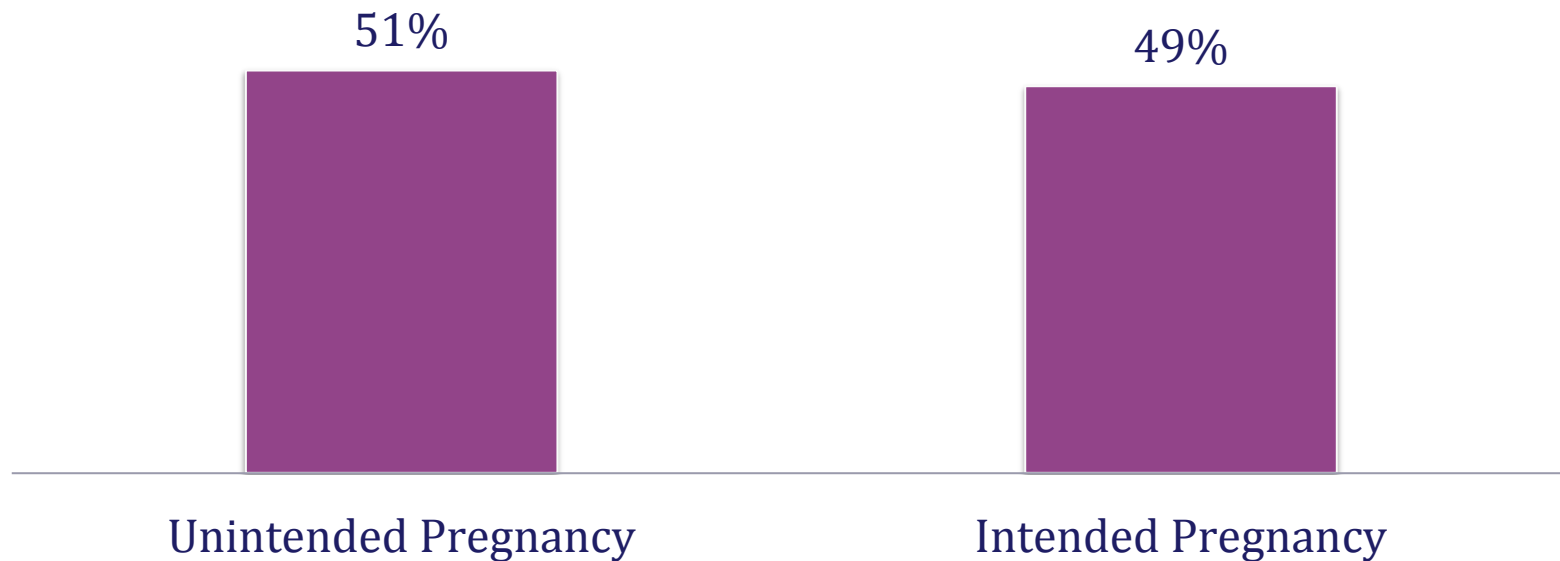
Figure 3. Late preterm birth rates by race and Hispanic origin of mother: United States, 1990–2006



NOTE: Singleton births only.
SOURCE: CDC/NCHS, National Vital Statistics System.

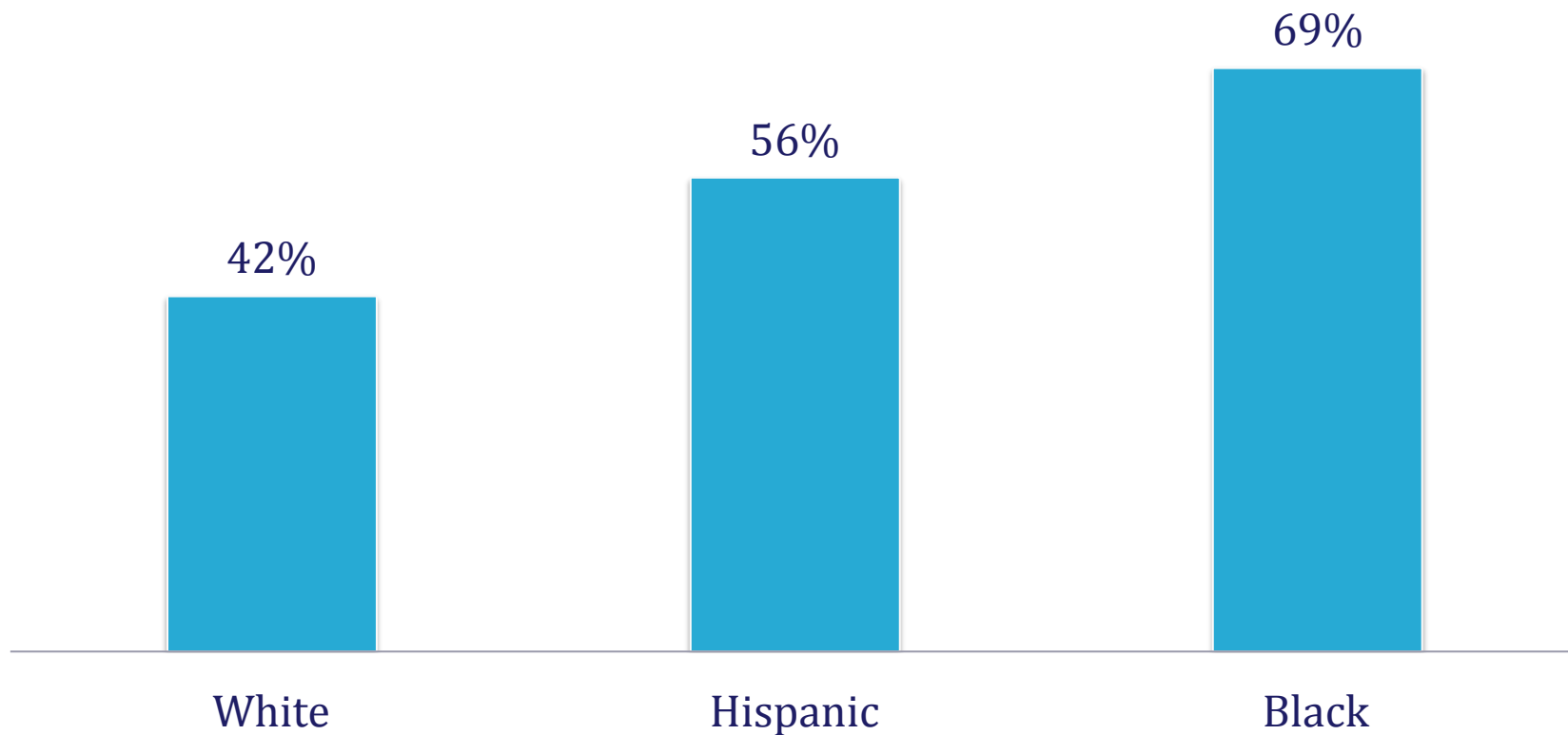
Over half of all pregnancies in the United States are unintended.

U.S. Pregnancies



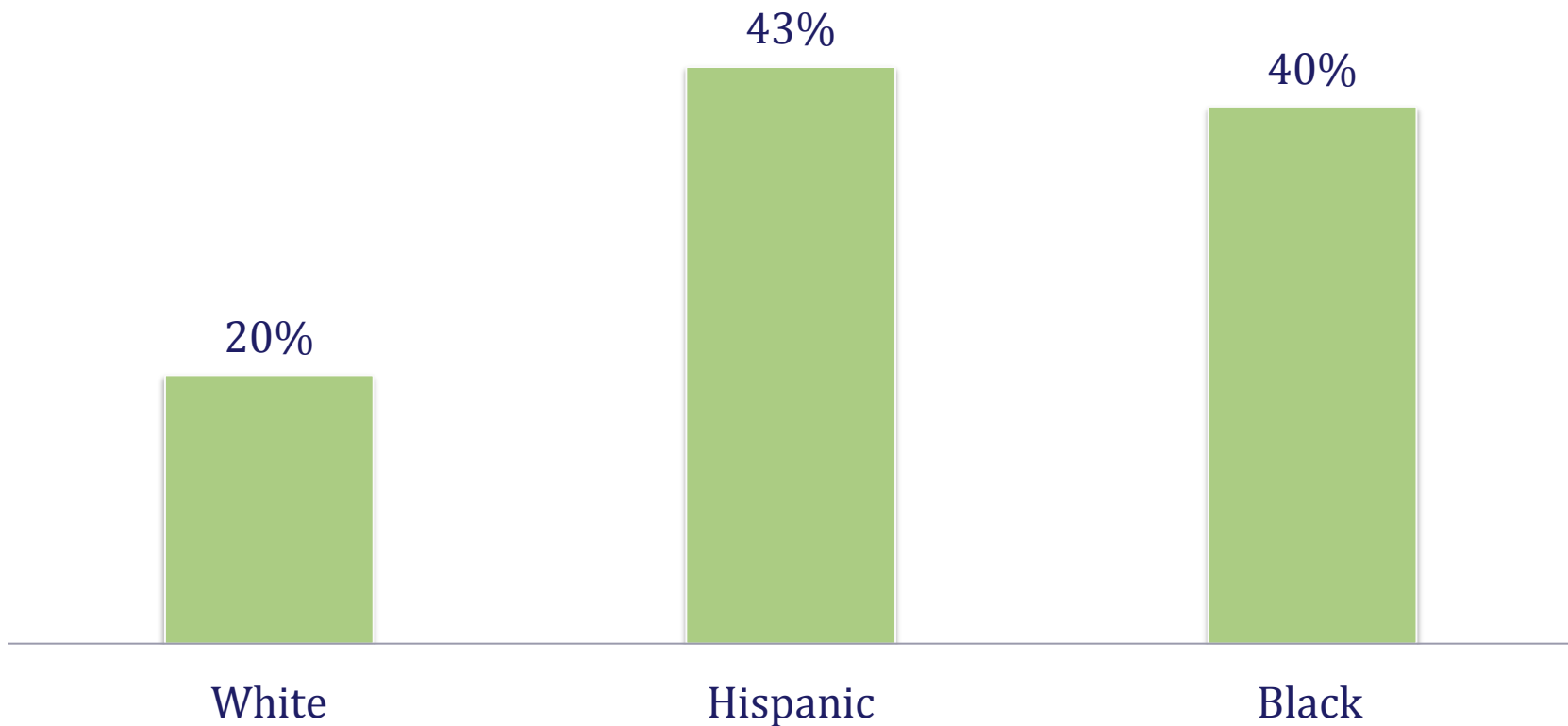
Blacks, Latinas have high rates of unintended pregnancy.

Unintended Pregnancies



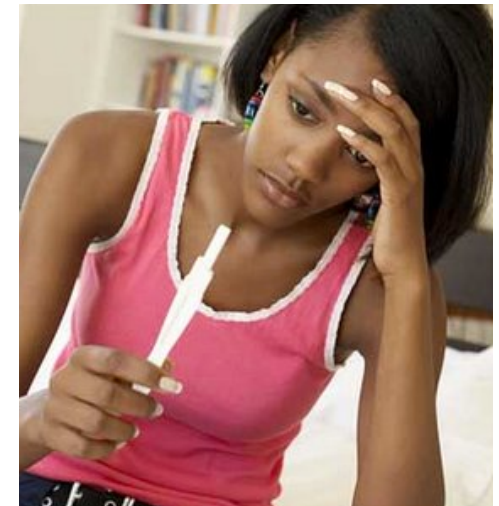
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Unintended Births



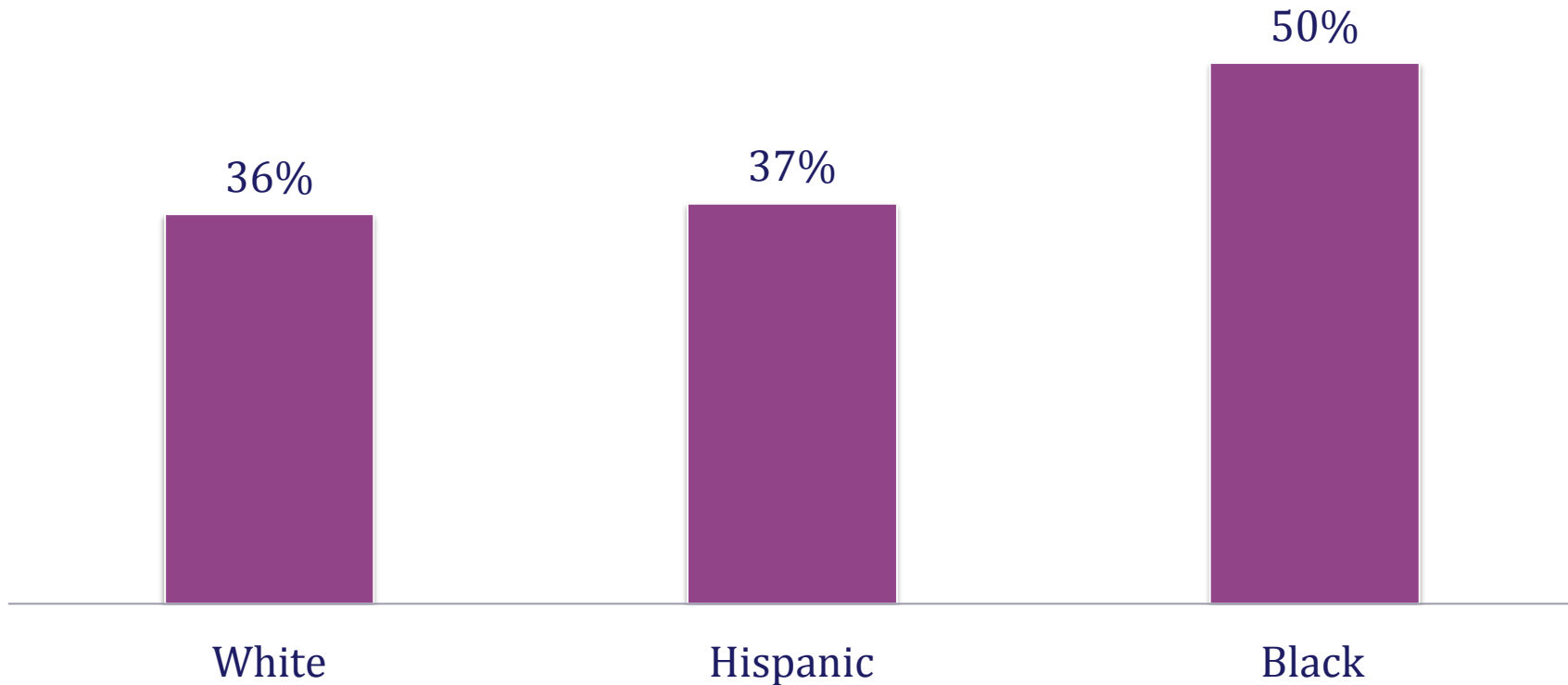
Unintended Births Associated with Poor Birth and Social Outcomes

- Adverse birth outcomes
 - Placenta abruption
 - Preeclampsia
 - Preterm birth
- Derailment of life course
 - Less likely to reach educational goals
 - Poverty



Blacks, Latinas have disproportionately high rates of abortion.

Unintended Pregnancies Ending in Abortion

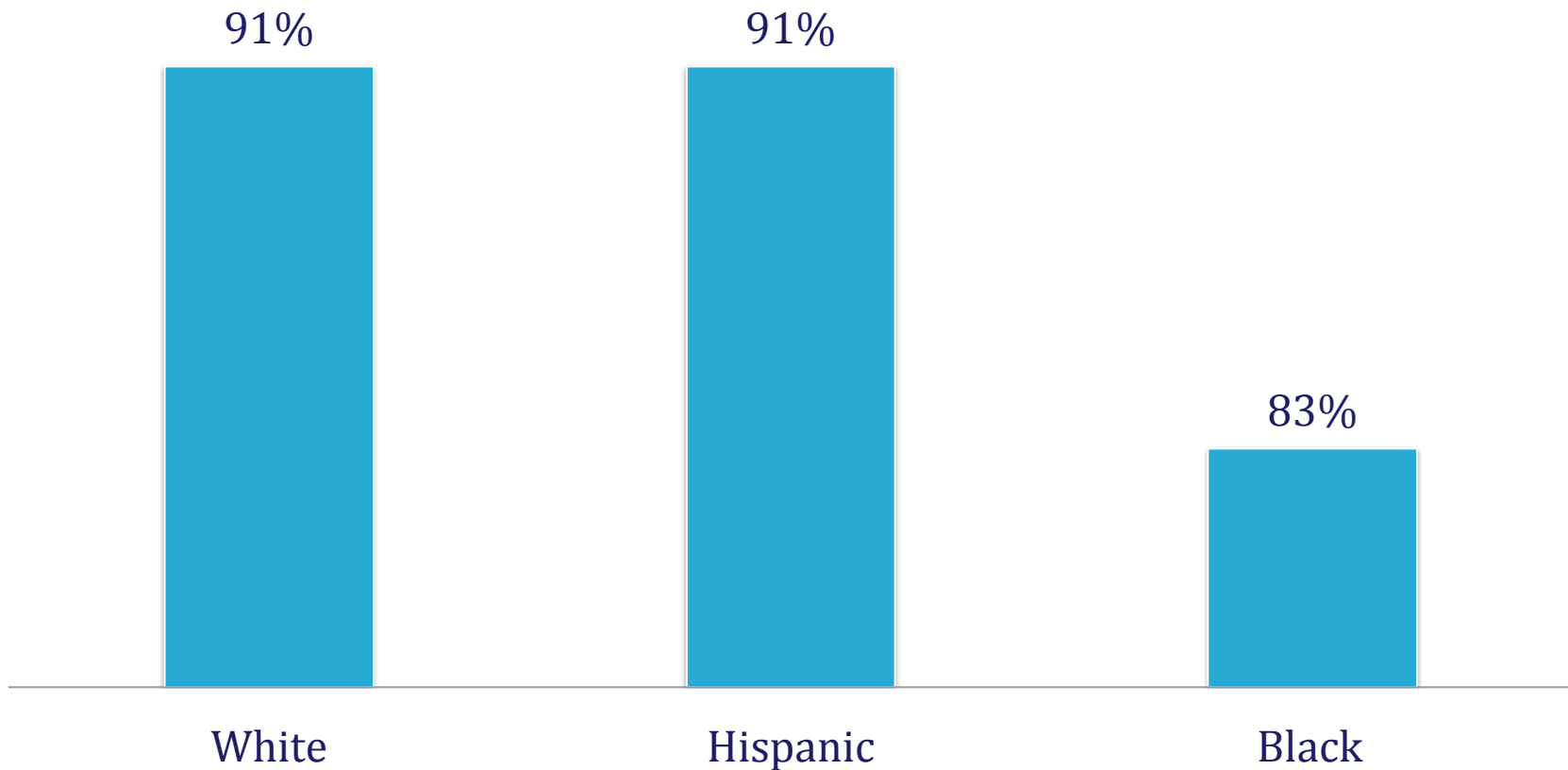


Consequences of Abortion

- Legal abortion safe procedure, but still has consequences
 - Health care costs
 - Time off work
- Compared to white women black women are at risk for
 - Having procedure at higher gestational age
 - Death

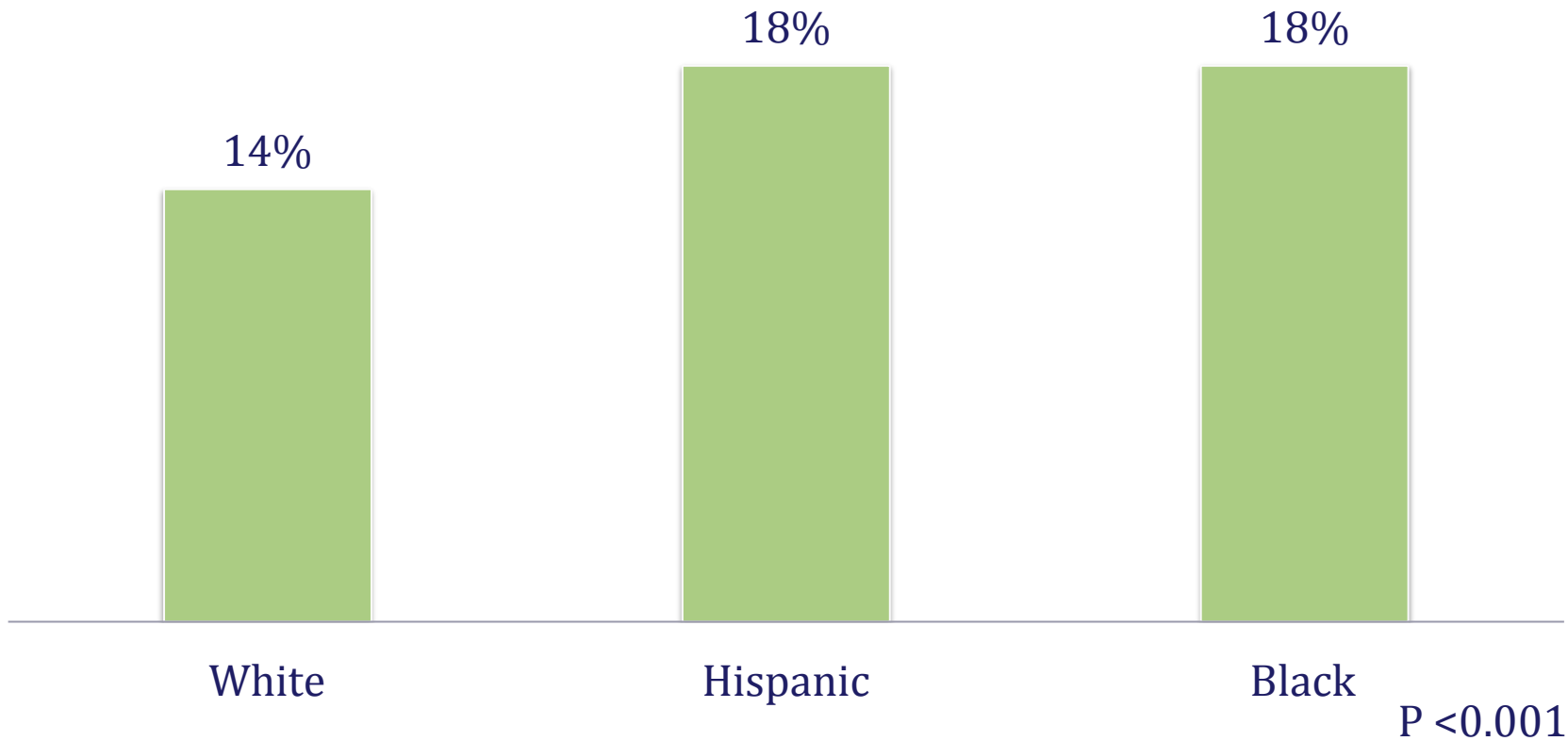
Blacks disproportionately do not use contraception.

Contraceptive Use by Race

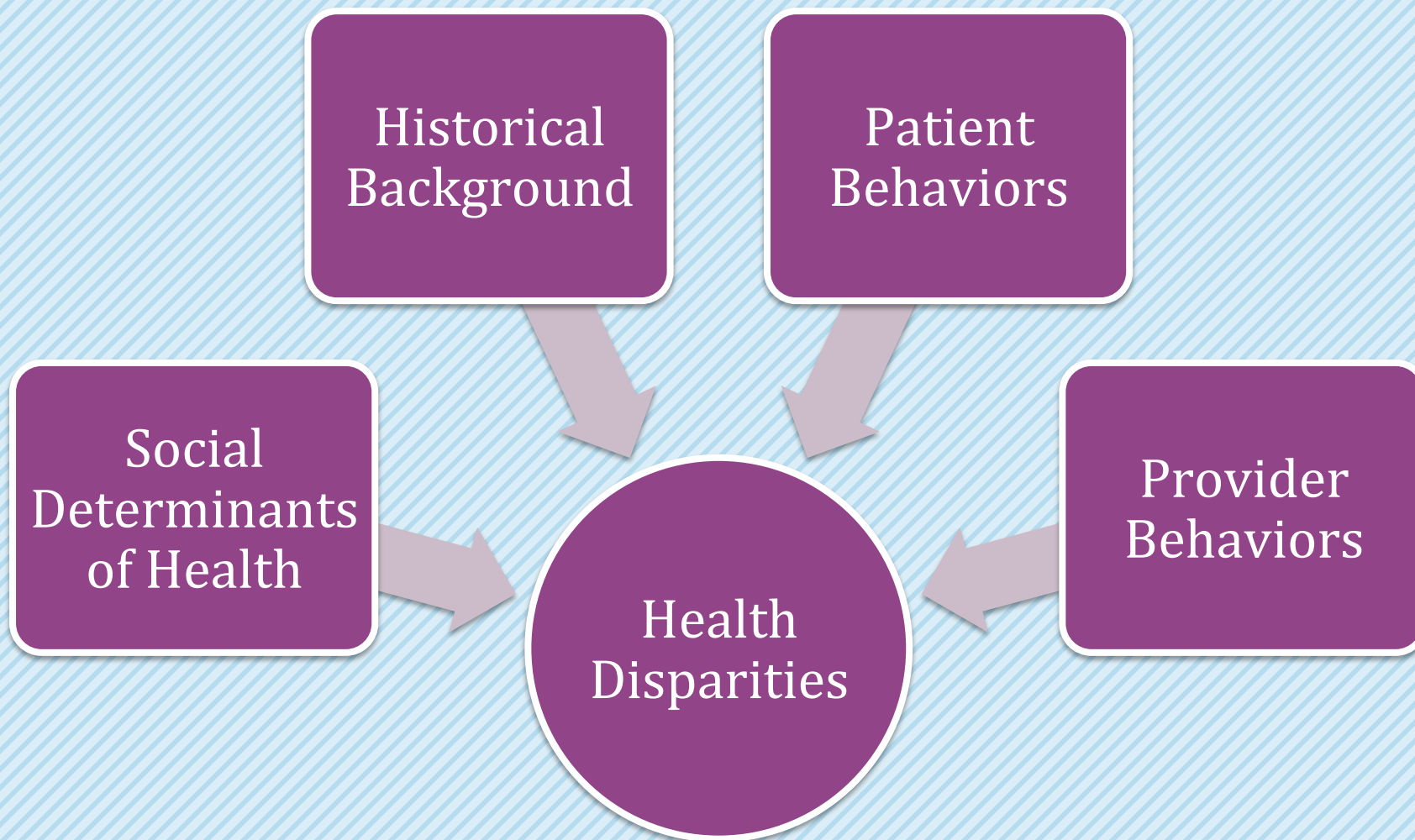


Blacks, Latinas disproportionately use lower efficacy contraceptive methods.

Low-efficacy Contraceptive Use by Patient Race



Etiology of Health Disparities



Social Determinants of Health

- Racial, ethnic minorities in the United States
 - Higher rates of poverty
 - Less education
 - Live in unsafe neighborhoods
- Poor societal standing leads to life stressors
- Life stressors associated with
 - Contraceptive non-use
 - Lower efficacy methods

Historical Context

- United States has long history of medical abuse
- Blacks
 - Tuskegee syphilis study
 - Mississippi Appendectomy
- Latinas
 - Coercive sterilization in California

Patient Behaviors

- Reproductive harm from modern methods
- Mistrust with medical community
- Concerns stem from historical context
- Could explain contraception use

Provider bias can lead to unequal care.

- Health disparity
 - Higher morbidity and mortality in heart disease
 - Adjusted for access, insurance, income, patient refusal
- Evidence of provider bias
 - Blacks perceived as less intelligent, non-compliant
 - Physicians verbally dominant, less positive tone
- Worse quality of care
 - Cardiac catheterization, coronary artery bypass

Evidence of Provider Bias in Family Planning

- Health disparity
 - Non-use of contraception
 - Unintended pregnancy
 - Abortion
- Worse quality of care
 - Race-based discrimination when receiving care
 - Perceived coercion
- Evidence of provider bias
 - IUD recommendations
 - More likely to sterilize low-income and non-white patients

Provider bias can contribute to family planning disparities.

- Differential pressure to control fertility, specifically, can
 - Increase mistrust between patient and provider
 - Elicit resistance from patient, leading to greater tendency to discontinue methods → **health disparities**

Our conscious beliefs are inconsistent with our **un**conscious behavior.

- Implicit vs. explicit cognition
 - Study of white Americans
 - When asked directly about bias-deny it (**explicit**)
 - Emotions such as fear or distrust as well as behavioral expectations-hostility and aggression (**implicit**)

How we naturally process information contributes to unequal care.

- When we are tired, distracted, **stressed** or under **time pressure** → automatic processes are used to make decisions
- Implicit bias
 - Positive or negative mental attitude towards a person, thing or group that a person holds at an **unconscious** level

Provider bias is uncomfortable to discuss but necessary.

- Consistent with literature in other fields about provider
- Implicit bias can be reduced, but only if it is acknowledged
- To learn more about implicit bias
 - <https://implicit.harvard.edu/implicit/>

Conclusion

- Health disparities are a difference in outcomes by patient demographics
- Black women have higher rates of contraceptive non-use and unintended pregnancy
- Etiology of these disparities are complex
 - History of reproductive coercion, social inequality, patient and provider behaviors
- Implicit bias
 - Difficult to discuss but necessary to eliminate disparities