Women's Health: A Course of Action

Special Health Concerns of Ethnic Minority Women

JANE S. LIN-FU, MD

Dr. Lin-Fu is a Pediatric Consultant to the Division of Maternal and Child Health, Health Resources and Services Administration, Rockville, MD. The article is based on her presentation at the National Conference on Women's Health, held in Bethesda, MD, June 17–18, 1986.

Synopsis

Ethnic minorities have become an increasingly greater part of the U.S. population. From 1970 to 1980, minorities (American Indian and Native Alaskan, Asian and Pacific Islanders, Black, and Hispanic) rose from 16.7 percent to 20.4 percent of the population. Their rate of increase was more than three times that of the population as a whole (36 percent versus 11.5 percent). In 1980, there were 23.8 million minority females who accounted for 20.1 percent of the U.S. female population.

As a group, minority women suffer disproportionately from socioeconomic disadvantages and discrimination that impact on their health. Many must also overcome ethnocultural barriers in gaining access to the health care system. In addition to sharing these common obstacles, each minority has its special problems and needs. Today, minority women bear a disproportionate share of diseases, homicides, and unintentional injuries. Their special health care needs present an important challenge to persons in all facets and at all levels of the health care system. Becoming aware of and sensitive to the plight of minority women is a crucial first step for policymakers and service providers. There should be a concerted effort to educate both health service providers and consumers about ways to break down ethnocultural barriers. Also needed is the collection of better health statistics through accurate racial and ethnic identification in surveys and vital records and abandonment of labels such as "others" and "nonwhites." Lastly, there should also be a sincere effort to increase participation by minority women in all aspects of health care.

THE UNITED STATES is unique in that it is a land populated largely by immigrants from different parts of the world and by descendents of immigrants. While a majority of the U.S. population is white, ethnic minorities have become a greater and increasingly important part of the United States in recent decades. In the 1980 census, four major ethnic minority groups (American Indians and Native Alaskans, Asian and Pacific Islanders, Blacks, and Hispanics) made up 20.4 percent of the population. This proportion is a sizeable increase from 16.7 percent a decade earlier. From 1970 to 1980, the total population rose by 11.5 percent; in contrast, minorities increased at more than three times that rate, that is, by 36 percent. Of the 23.3 million increase in total population during that decade, minorities accounted for more than half, or 12.2 million. Although counts of minorities from census to census are not strictly comparable because of changes in definition and questionnaire format, a higher fertility rate, rising immigration, and resettlement of refugees have all contributed to a remarkable growth of minorities in the United States (*1*).

In 1980, 51.5 percent of U.S. minorities were females, and the 23.8 million minority females accounted for 20.1 percent of the total female population (*1*). In other words, about one in every five women in the United States today is a minority. With such a significant and increasing representation in the population, health policymakers and planners cannot address the health issues of women properly without a careful examination of the special concerns of this important segment of the population.

Minority women share with other women many common health problems and risk factors. In addition, minority women suffer disproportionately from discrimination, social prejudice, stereotyping, and unequal access to educational and employment opportunities. Such inequities directly or indirectly impact on their socioeconomic status and quality of life. These in turn affect their health status (*2*). Aside from socioeconomic disadvantages, ethnocultural barriers and a poor understanding of the health care system also handicap many minority

women (*3, 4*). To compound the problem, many health care providers are unfamiliar with or insensitive to minority cultures. They are also oblivious of the fact that health services that are not culturally relevant can hardly be effective. Faced with so many obstacles in life, it is not surprising that minority women bear a disproportionate share of diseases as well as problems related to homicides and unintentional injuries.

Many health problems and health care needs are unique to particular minority groups. For example, among American Indian and Native Alaskan women, alcoholism and its related diseases such as fetal alcohol syndrome and hepatic cirrhosis are important causes of mortality and morbidity. For Asian and Pacific American women, three-quarters of whom are immigrants and recent refugees, language difficulties and other ethnocultural barriers are particularly serious deterrents to health care (*3, 4*). Lack of statistical data on health status results because Asian and Pacific Americans are often classified under the nebulous category of "others" in health studies and surveys (*2, 5*). Moreover, racial misclassification on vital records such as death certificates is common for Asian and Pacific Americans and Native Americans (*6, 8*). This seemingly minor error can, in fact, have serious consequences, for it contributes to misleading statistics used in health policymaking. Black women have a high incidence of diseases such as hypertension, cardiovascular diseases, diabetes, cancer, systemic lupus erythematosus, and sickle cell disease. Both infant and maternal mortality rates are much higher in this minority than in the general population. Black women are also confronted with a much higher rate of homicide and unintentional injuries, and with many crises in their families. Hispanic women are a relatively young population that has a special need for family planning and perinatal care. Obesity, diabetes, and certain types of cancer are particularly common, and homicide is a serious problem. Furthermore, like Asian and Pacific Americans, a sizeable proportion of Hispanic women are immigrants who must overcome language and other ethnocultural barriers in obtaining health care (*2, 5*).

The health issues of minority women present a special challenge to health policymakers and service providers, to academicians and administrators, to clinicians and researchers, and to public agencies and private institutions. What course of action should we take? Becoming aware and sensitive to the plight of minority women, and learning about minority cultures are the crucial initial steps for policymakers and service providers. These should be followed by concerted efforts to break down the ethnocultural barriers to health care through educational programs directed at both providers and consumers. Health service providers need to be made aware of the special health care needs of minority populations, including genetic disorders and diseases that are particularly prevalent in these populations. They should also be educated about the importance of cultural sensitivity in establishing rapport with patients and in eliciting good compliance. They must learn that health services that are not culturally relevant and sensitive can hardly be effective. Consumers, particularly new immigrants, need to be educated on the importance of preventive health care. Many also need special assistance to gain access to the health care system (*3,4*). Better statistical data on the health status of minority women are needed to plan for future services and research. Health surveys and studies should specifically identify each minority group and abandon useless labels such as "others" or "nonwhites." Since accurate racial classification on vital records is crucial to compiling reliable vital statistics used in health planning, physicians, funeral directors, and others responsible for filling out vital records (birth and death certificates) should be made aware of the health policy implications of a seemingly insignificant item such as "race" on these records (*6,7*). More research is needed to clarify factors contributing to the differential health status of minority women. Lastly, greater participation by minority women in all aspects and levels of health care is vital in developing policies and plans that truly address their needs, in providing services that are culturally sensitive and appropriate, and in conducting research that is relevant and meaningful to this growing population.

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Health Concerns of Older Women

MARY ANN DANELLO, PhD

Dr. Danello is Special Assistant to the Commissioner for Science, Food and Drug Administration, Rockville, MD. The article is based on her presentation at the National Conference on Women's Health, held in Bethesda, MD, June 17–18, 1986.

Synopsis

The population of older Americans is expected to represent 20 percent of the total U.S. population in the next 50 years, and older women will comprise the majority of that group. Thus, the health care needs of older women are and will be an increasing concern. A subcommittee of the Public Health Service Task Force on Women's Health, which studied the health issues related to older women, observed that many factors relate to the health care of this group. Several factors, such as the homogeneity of the population over 65 years, the distinction between normal aging and disease, and the impact of socioeconomic concerns on physical and mental health, are important for developing preventive and treatment strategies.

Older women die of the same disorders that affect men—heart disease, cancer, cardiovascular disease, and accidental injuries—but are more likely to be afflicted with one or more chronic conditions that can cause limitations in their lifestyles (for example, diabetes, hypertension, arthritis).

The subcommittee also highlighted disorders with special implications for older women such as incontinence, osteoporosis, prescription drug misuse, and depression, and recommended that health messages for older women be targeted at both young and old cohorts to encourage health promotion and good health practices at all ages.

EVERYONE HAS HEARD or read reports about the burgeoning population of older Americans. Those over the age of 65 years presently comprise 11.6 percent of the total U.S. population and are expected to increase to 20 percent in the next 50 years. An even faster growing population is that of the over-85 age group, which is expected to increase to almost 5 percent by the year 2050.

Within the population of older Americans, women are the survivors. Women outnumber men for each age category over the age of 55 and, in fact, in the oldest old group (those over 100 years) they represent 60 percent of the population.

Health care for the older woman is and will be an increasing concern for all. In studying the health concerns of women over the age of 65—which is an arbitrary endpoint that was used because many of the federally sponsored programs use that age as an entry point—there were several rules of thumb that we felt were critical for developing a sensitive health approach for older women.

First, the elderly woman belongs to a hetero-