Health Disparities in Family Planning

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Objectives

• Definitions
• Disparities in family planning
• Etiologies of disparities in family planning
Definitions
Health disparities are preventable differences in the burden of disease, injury, violence, or opportunities to achieve optimal health that are experienced by socially disadvantaged populations.

Centers for Disease Control and Prevention (CDC)
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.
Over half of all pregnancies in the United States are unintended.

U.S. Pregnancies

- 51% Unintended Pregnancy
- 49% Intended Pregnancy

Guttmacher Institute December 2013
Blacks, Latinas have high rates of unintended pregnancy.

Unintended Pregnancies

- White: 42%
- Hispanic: 56%
- Black: 69%

Finer, LB. AJPH 2014
Blacks, Latinas have high rates of unintended births.

Unintended Births

- White: 20%
- Hispanic: 43%
- Black: 40%

Finer, LB. AJPH 2014
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

- **White**: 36%
- **Hispanic**: 37%
- **Black**: 50%
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**

- **White**: 91%
- **Hispanic**: 91%
- **Black**: 83%

Jones. National Health Stat Reports. 2012
Blacks, Latinas disproportionately use lower efficacy contraceptive methods.

Low-efficacy Contraceptive Use by Patient Race

- White: 14%
- Hispanic: 18%
- Black: 18%

P <0.001

Etiology of Health Disparities
Historical Background

Patient Behaviors

Social Determinants of Health

Provider Behaviors

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 unconscious 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)

Van Ryn, M. JAMA 2011; Burgess, D. J Gen Intern Med 2004
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

Van Ryn, M. JAMA 2011; Burgess, D. J Gen Intern Med 2004
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