Gabrielle Dell

Kenneth Meier

30 September 2019

Public Affairs and Policy Lab

Research Brief: Health Care, Gender, and Big Data

The United States continues to remain one of the leading countries throughout the world with regards to health research, cures and treatment for genetic and chronic disorders, and innovation, such as the creation of the new 3D heart that is saving the lives of many of those suffering from heart failure. Yet, amongst all these successes that have occurred throughout our health history, disparities amongst certain demographics, including race, gender, and income, continue to result in great health outcomes for some, and horrific health outcomes for others. What are some of the causes of health disparities, why do they occur for some groups of people more than others, and most importantly, can they be avoided? Throughout the course of five months, I was able to do comprehensive research to dive deeply into this predicament.

Discrimination based on gender and race are two crucial factors that have been proven to adversely affect health outcomes. The gender of a patient may play a role with regards to the health treatment he or she receives, as well as the health outcome. Studies have found that male patients would sometimes prefer to be taken care of by a male physician rather than a female physician. Female physicians are also more likely to understand their female patients as a result of shared and lived experiences, research shows. As for race, black women are more likely to die in childbirth than white women due to the perception of black women in the media. They are seen as “tough”, and doctors are less likely to prescribe them certain medication to alleviate the pain after childbirth.

Socioeconomic status also plays a definitive role with the amount of care a patient receives, as shown with the studying of multiple hospitals in Florida and in the East region of the U.S. Whenever there is overcrowding in emergency rooms, physicians tended to look at one's insurance status before admitting them and treating them to speed up the process. This was especially prevalent in privately owned hospitals, where profit was a factor. With regards to government owned hospitals, there was still a difference of patients admitted based on insurance, but the difference was much more with privately owned hospitals. However, emergency room admissions were also based on the type of injury occurring for the patient. Those with minor burns, cuts, or rashes were not admitted as quickly as those experiencing anaphylactic shock or a heart attack.

Discrimination in the health field based on race, socio-economic class and gender certainly exists to a degree throughout the United States; nevertheless, much of the disparities going on in the healthcare system in the United States involves a lack of communication amongst physicians and patients due to the changing demographics and differences in culture throughout the United States. For example, African-Americans and Latinos tend to utilize government and private-based health necessities at lower rates than their white counterparts. However, studies have found that this does not always have to do with basic discrimination. Research shows that there are three main hypotheses with regards to health outcomes and communication. The first is the bias hypothesis, which states that because of conscious or unconscious racial bias, doctors may not prescribe the same services for minorities that they do for whites. For this to be true, the evidence must show that the patient's race and ethnicity are at times such strong influences on the doctor's clinical reasoning and recommendations that they override the effects of diagnosis and illness severity. The second hypothesis is the preferences hypothesis, which states that

certain minority groups choose to forego certain services and their potential benefits because of personal preferences and values rooted in their race and ethnicity. The final hypothesis, the communications hypothesis, is the most convincing, stating that physicians and patients may come from different backgrounds, thus, affecting the way they understand one another.

These hypotheses all manifest that many of the troubling issues physicians and their doctors encounter are based on difference in expectation. Some patients may not believe in certain medical routines, such as vaccination, leading to a lack of trust in medical authorities, and thus, an adverse health outcome. However, as long as these extreme cultural difference exist in the United States, it is fair to say that these health disparities will also never go away.