THE NAMED ADVOCATES

INTERSECTIONAL REALITIES

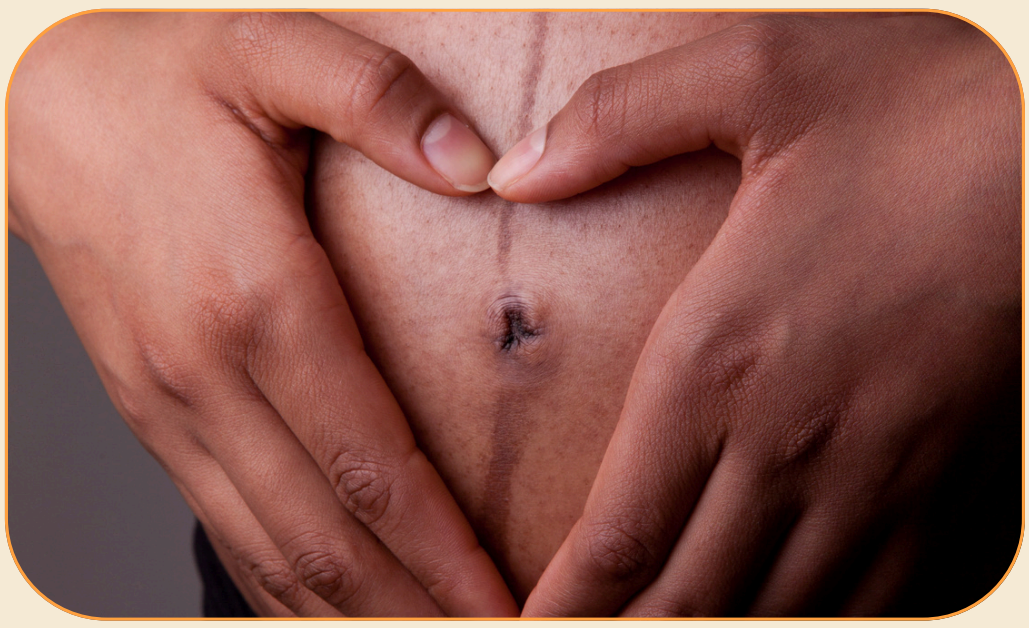
Unveiling Health Challenges Faced by Black Women with Disabilities

Within the United States, Black women face numerous disparities and biases when interacting with the healthcare system. The United States has alarmingly high maternal mortality rates, a significant portion of which, according to the *Centers for Disease Control and Prevention*, are preventable—60% to be exact (Hoyert, 2023).

Unsurprisingly, the likelihood of a Black woman dying from a pregnancy-related cause is 2.5 times higher than that of a white woman.

This disparity can be attributed, in part, to implicit bias within the healthcare system and among some practitioners. Factors such as limited access to quality healthcare facilities and substandard treatment due to racism continue to impact Black health outcomes adversely.

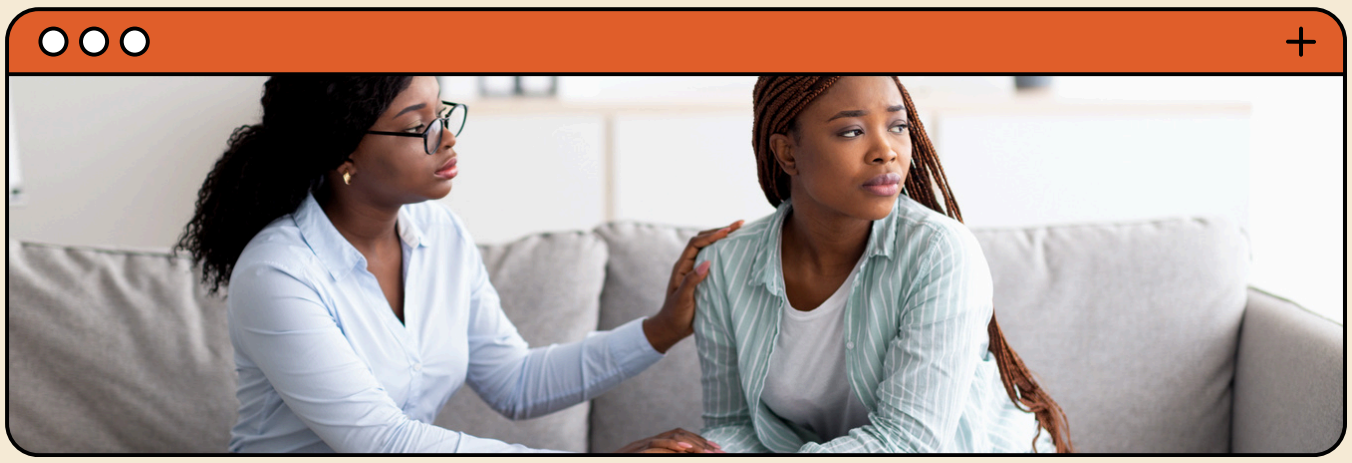
Research from the *National Institutes of Health* revealed that healthcare providers were less adept at recognizing pain in Black faces, leading to a lack of belief in Black patients' experiences of severe discomfort or acute distress. This kind of bias echoes throughout the stories of many Black mothers who felt devalued and disrespected by medical professionals during pregnancy and childbirth.



The Issue of Ableism

Historical racism, sexism, and ableism and how they impact the delivery of healthcare directly compromise access, quality, and health outcomes. In a *Frontiers in Rehabilitation Science* study, the authors included Black women in the study population interviews. Within these interviews, the women recalled the instances where they did not seek treatment because they knew they would not be believed or be treated.

They reported being mindful of their behavior—even when in pain to avoid being perceived as angry, dangerous, or threatening. They also recounted the frustrations of needing an informed patient to guarantee their care and being branded as complex patients when advocating for their needs. Other participants spoke about having to "credential" themselves to get treatment. One interviewee mentioned that during one hospital stay, she had to consistently say her age and Ph.D. attainment to receive help with a bedpan. Another interview participant had to constantly remind staff that they are a disability advocate and could file a complaint.



Despite the growing awareness of these narratives about maternal deaths, the U.S. healthcare system has been slow to acknowledge the role of implicit bias and systemic racism in the poor health outcomes for Black women with disabilities, particularly in maternal mortality rates.

Representation also plays a crucial role; the rarity of darker skin tones in medical illustrations demonstrates the need for more inclusive representation in textbooks and other educational materials. These issues not only affect Black women's physical, mental, and emotional well-being but also have severe financial implications. Racially motivated differences in treatment protocols can lead to pregnancy complications, prolonging recovery time and resulting in extended, often unpaid, leaves from work. Many Black women who require maternity leave do not take it due to the lack of paid leave policies. This combination of racialized medical mistreatment and the absence of paid leave options poses a significant obstacle to employment and economic stability for Black women. It is crucial to recognize and amplify the voices of Black women in advocating for their health. By acknowledging these challenges, we can work towards rewriting the narratives surrounding Black maternal health and promoting a more equitable and just healthcare system.

Research exploring Black women with disabilities and their experiences with healthcare outcomes is incredibly slim; however, a publication by *UN Women*: "In healthcare settings in the United States, Black women with disabilities often encounter intersectional discrimination rooted in biased assumptions about their abilities, particularly concerning their capacity for parenthood and their pain tolerance. One account from a Black woman with a disability during childbirth revealed doctors questioning her capability, prompting her to ponder whether their doubts were tied to her disability rather than her appearance. Another Black woman with a disability faced a distressing incident when, due to illness and pain rendering her unable to walk, she sought help at an emergency room, only to be discharged with just a heating pad and sent off in a cab (minority rights)"

What Are the Specific Challenges?

Despite the overlap in both prevalence and similar inequities experienced by Black women and Black, Indigenous, and People of Color (BIPOC), little research has examined the health and healthcare outcomes at the intersection of BIPOC and people with disabilities to the specific experiences of Black women. Given the prevalence of discrimination, it is likely that racism experienced by Black women is compounded by the ableism and sexism shared by women with disabilities, amplifying disparities in health and healthcare outcomes.

Studies have demonstrated that specific disability populations, namely individuals with intellectual and developmental disabilities who belong to racial and ethnic marginalized communities, including Black women, have worse health and healthcare outcomes as compared to white individuals with intellectual and developmental disabilities (Brooke et al. et al., 2023).

Additionally, several studies demonstrate disparities in health care utilization for women who live at the intersection of disability and race/ethnicity, with a particular emphasis on the unique challenges faced by Black women. However, there is a shortage of evidence on the health care outcomes of the population of persons with disabilities who belong to ethnic and racial minority communities, mainly focusing on the experiences of Black women.

To address this gap, the unmet healthcare needs of a sample of Black adults with and without disabilities, paying specific attention to the experiences of Black women. According to the 2018 *National Health Interview Survey*, Black women with disabilities are at increased risk of unmet healthcare needs compared to Black adults without disabilities.

Recognizing the specific stories, encounters, and individual experiences of Black women with disabilities within their interactions with healthcare providers is paramount to fostering equitable and inclusive healthcare systems. These valuable narratives offer insights into their intersectional challenges, including systemic biases, discrimination, and inadequate access to quality care.

Acknowledging these unique experiences is crucial to dismantling healthcare disparities and ensuring tailored services for their diverse needs.

By amplifying their voices and understanding the nuanced layers of their encounters, we pave the way for more empathetic, culturally competent, and responsive healthcare environments that prioritize dignity, respect, and comprehensive support for Black women with disabilities.

For example, in a study published in *Sage Journals*, intersecting identities of gender, ability, and socioeconomic status provided a myriad of stories of a woman anonymously referred to as "Mary" who stated the following:

"The white women that I have known on the job with disabilities have a much easier time accessing housing employment in general. They have higher income, African American women with disabilities on the job—we sometimes felt we were way at the bottom of the totem—of the pole—way at the bottom because you are black, you are female, you have a disability. So, everybody was on top of you. That is how it pretty much worked; you could not get promoted. African American women without disabilities were promoted before you, even if you went back to school and got a degree. They were promoted before you. Then, the non-women–African American—not just Caucasian—an ethnicity that was not African American—were promoted before you. So, it has to be kind of discouraging for many women. They would just leave the job and go out on disability."

This narrative vividly demonstrates the layered impact of discrimination within the healthcare system against black women with disabilities, particularly highlighting the intricate web of disadvantages that significantly affect their financial well-being. The secondary effects are evident in the unequal access to housing, employment opportunities, and income disparities between white women and African-American women with disabilities.

The quote underscores how this intersectionality places African American women at a distinct disadvantage, feeling relegated to the bottom rung in the workplace due to their race, gender, and disability. The tertiary impact manifests in the systemic barriers that impede their career advancement despite qualifications and efforts, leading to discouragement and, ultimately, forcing some to leave jobs and rely on disability benefits, exacerbating the financial strain. This cyclical pattern shows how the poor treatment within the healthcare system perpetuates a cycle of economic disparity and exclusion for this marginalized group.

Has There Been Any Positive Progress in This Area?

As the healthcare industry evolves toward increasing equity, efforts are being made to address disparities. Medical institutions, like *Florida Atlantic University's Charles E. Schmidt College of Medicine*, have integrated training on implicit bias in medicine into their curriculum. States like Michigan and California have made implicit bias training mandatory for healthcare providers, and organizations like the *National Association of Nurse Practitioners in Women's Health* are developing action plans to combat bias and discrimination in patient care. For example, a study conducted in 2023 by (Brooke et al. et al., 2023) observed a significant trend among Blacks and adults with disabilities, indicating a higher likelihood of forgoing or delaying healthcare due to factors like cost when compared to their counterparts without disabilities.

We can extrapolate that Black women with disabilities experience even more pronounced disparities in access. This discrepancy is rooted in systemic economic barriers affecting both BIPOC and disability communities, particularly those experiencing intersectionality. To ensure access to appropriate healthcare interventions for BIPOC with disabilities (and for BIPOC and people with disabilities more broadly), stakeholders should encourage state government officials to implement and broaden new policies and programs aimed at alleviating the financial burden for people who identify as BIPOC women and disabled.

It is also important for state officials and policymakers to be educated on the notion that the conventional view of racism and ableism as distinct systems of oppression operating independently does not fully capture the experiences at the intersection of Black women with disabilities as social determinants of health (SDOH) are also accurate predictors of healthcare accessibility for people living with disabilities.

Figure 1

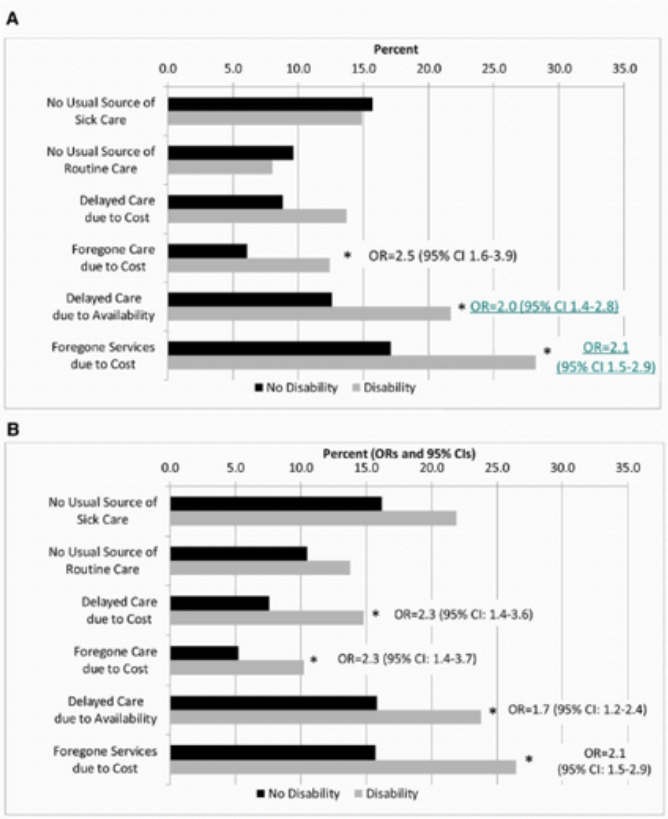


FIGURE 1. Predicted probabilities of access to healthcare by race/ethnicity and disability Status. (**A**) Black, non-Hispanic Adults. (**B**) Hispanic Adults. *$p < 0.017$, Indicates that the Odds ratios (OR) and 95% confidence intervals (CI) from logistic regression controlling for age, sex, marital status, employment status, educational attainment, poverty ratio, chronic conditions, and health insurance type. The ORs represent the disability group in reference to the no disability group.

(Brooke et al. et al., 2023)

Call to Action and Further Steps for the Scientific Community

While health outcomes for Black women who live with disabilities are far worse than their counterparts, medical professionals, medical institution leaders, and health services researchers can continue to implement these measures in research efforts aimed at improving health policy and bolstering the cultural shift necessary to enhance the lives of people with disabilities.

1. Advocating for Accessible Healthcare Services: Ensuring healthcare facilities and services are physically and technologically accessible, accommodating various disabilities. Invest in ramps, wider doors, accessible equipment, and telemedicine platforms compatible with assistive technologies (Annaswamy et al., 2020).

2. Engaging in Culturally Competent Care: Train healthcare professionals to understand the diverse cultural backgrounds and experiences of Black women with disabilities. Encourage empathy, active listening, and inclusive communication to build trust and provide respectful care (Devine & Ash, 2021).

3. Taking an Intersectional Approach to Health Equity: Use imagery and informational posters within the healthcare environment to acknowledge and address the intersectionality of race, gender, and disability in healthcare policies (Peterson, 2006).

4. Advocacy for Inclusivity: Empower Black women with disabilities to advocate for themselves by providing resources, support networks, and platforms to amplify their voices in healthcare decision-making processes (Civic et al. for Allies and Advocates of Black Women with Disabilities, n.d.)

5. Tailored Preventive Care: Design preventive care programs that consider the unique health risks and challenges faced by Black women with disabilities. Offer accessible information on nutrition, exercise, and preventive screenings in formats accommodating various disabilities (Wei et al., 2006)

6. Collaborative Care Planning: Engage Black women with disabilities as active partners in their care plans. Consider their needs, preferences, and challenges while creating personalized care strategies accommodating their abilities and lifestyles (Buckles, 2022)

7. Accessible Education and Resources: Provide healthcare information and resources in multiple formats (e.g., braille, audio, plain language) to ensure accessibility for individuals with diverse disabilities. Offer educational programs that empower them to manage their health effectively (Working with Consumers with Disabilities, n.d.)

8. Metrics and Accountability: Establish measures to track the inclusivity and effectiveness of healthcare services for Black women with disabilities. Regularly evaluate progress and address any disparities or gaps identified in healthcare outcomes (Buckles, 2022)

Finally, it is essential to call on the health services research community to elevate the voices of Black women, especially those with disabilities, within research endeavors and study population selection.

To accomplish this, researchers must find intrinsic motivation to delve deeper into the intersecting challenges they face in healthcare, filling the gaps in the desire to fill the gaps in knowledge by conducting comprehensive studies, surveys, and qualitative research, capturing the nuanced experiences and barriers they encounter.

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The National Alliance of Melanin Disabled Advocates (NAMED Advocates) creates spaces for Disabled leaders of color and BIPOC allies to gather, learn, connect, and grow around racial and disability justice. Through the use of knowledge and empowerment tools, we work to destigmatize the existing outward narrative that currently surrounds the Disabled community.

We equip community members with the vocabulary to express their authentic selves with confidence and certainty. Our community events are celebrations of solidarity, providing opportunities for collaboration and relationship building. This FAQ sheet was created by Zy-Asiah Gray-Smalls, and designed by the NAMED Advocates team.

Learn more about the NAMED Advocates here:
https://withkeri.com/named-advocates/