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Opinion
Healthcare Disparities

Evaluating The Local Status of Minority Maternal Health in the Context of Institutionalized Disparities in Hamilton

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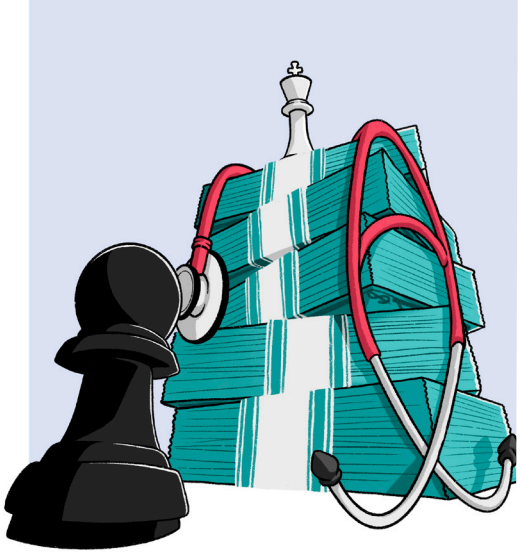

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INTRODUCTION

While it holds true that visible minorities often benefit less than average from healthcare systems in North America, there is yet to be consensus on the extent to which racism and other institutionalized issues play a role in leaving them at a serious disadvantage.[1-3] A 2018 study by Dr. Elizabeth Howell reports that African American women face severe maternal morbidity at rates two-fold that of non-Hispanic white women, which in light of the Black Lives Matter movement, brings to question the integrity of the maternal care system and the professionals who work within it.[1,2]

Many health problems faced by Black, Indigenous, and People of Colour (BIPOC) have not only been a result of racial prejudice, but also disparities beyond the control of individual healthcare providers.[4,5] In his anthology of essays, Disease, Life, and Man, Rudolf Virchow underscores the origins of disease as rather originating from structural flaws in health states dictated by the democratic polity.[3] Although racism contributes greatly to healthcare inequality, significant disparities also stem from socioeconomic barriers that impede minority access to healthcare. The purpose of this article is to examine the institutional disparities influencing health accessibility for BIPOC women, and analyze its effects on the maternal health of racial minorities with an emphasis on Hamilton, Ontario.

INSTITUTIONAL DISPARITIES

Rarely are "the social institutions on which [health] depends [...] approached with the same understanding" as the physiological determinants, according to Lynn Freedman of Columbia University.[6] It is often the case that visible minorities suffer the effects of "weathering" —chronic stress from intense work conditions— putting them at greater risk for onset of diabetes and hypertension later in life.[7] Studies by Geronimus et al. show that Black women between the ages of 40-50 have telomeres that appear 7.5 years older than White women of the same age, suggesting that minority women are more likely to endure age-related pregnancy risks from weathering.[7] Weathering-caused hypertension can evolve into preeclampsia (maternal hypertension) which in turn escalates into eclampsia (hypertensive seizures) and venous thromboembolisms.[8,9] Collectively, these conditions overwhelm the cardiovascular system of the mother and impair the ability of placental vasculature to supply nutrients for fetal development, constituting higher maternal and infant mortality rates.[10]

The greater likelihoods of developing these conditions are not typically caused by the provision of the care itself but rather by their weathering workplace conditions. The 2016 Ontario census reported a 3.7-fold higher labour employment rate among visible minorities compared to their White counterparts.[11,12] Despite this, they are only paid an average annual income of $33 300 CAD— well below the average Ontario annual income of $60 300 CAD in 2016.[13] These wage differences place minorities at greater pressure to work longer hours to afford basic essentials. This prevents women especially from being able to afford medications, receive adequate nutrition, and seek maternity leave or consultations to address their health-related needs.[14,15] Potential health concerns can go undiagnosed, thereby increasing the incidence and mortality rates of medical conditions experienced among these demographics.[10]

DISPARITIES AS APPLIED TO HAMILTON DEMOGRAPHICS

Studies by Darling et al. in the Hamilton region demonstrate that pregnant persons of lower socioeconomic status and education levels receive inadequate prenatal care compared to the demographic majority.[16] Furthermore, the economic condition of Hamilton itself is worse than the average across Ontario.[17] Census data from 2015 revealed that 35.5% of Hamilton residents have earned at most a high school diploma.[17,18] As a result of this, these residents are more likely to seek labour-intensive professions with diminished flexibility in working conditions and fewer excused leaves.[17] These factors contribute to 83.6% of Hamilton residents earning a post-tax income lower than the provincial average of $60 800 CAD (2015) and 16.7% of residents living below the low-income cut off— putting these residents in the poverty demographic.[12,13,19] Given that visible minorities are already at a financial disadvantage compared to non-minority populations, these data suggest that BIPOC in Hamilton may have particularly diminished access to essential healthcare— especially during pregnancy when flexibility in working conditions is essential. Moreover, Hamilton women are already twice as likely to report stress and poor mental health compared to their male counterparts, according to a 2018 report by the Hamilton Community Foundation. While

these are precursors to weathering-related risks, most health services are concentrated in the downtown area, which is geographically inaccessible to many women.[20] The outcome of Hamilton-situated pregnancies are contingent on a series of financial and geographical issues exacerbated by minority status, creating a cycle of disadvantage for BIPOC women that puts them at an insurmountable health risk. With that said, more research is needed on the particular disparities that minorities face in maternal care given that much of the analysis extrapolates federal statistics to a municipal scale.

CONCLUDING EVALUATIONS

A crucial component in the understanding of racial disparities in maternal health is the lack of integrity in community infrastructure to provide equal opportunity and pay for pregnant persons to better access vital healthcare. To address these issues, both government and healthcare systems require a greater interdisciplinary understanding of racism and the institutionalized disparities that perpetuate innaccessibility to healthcare among female minorities. The aforementioned evaluations underscore the need to improve youth education in female health so that those socioeconomically-disadvantaged may develop an increased awareness of the healthcare services that should be available to them. As well, news and social media should supplement government support by communicating to minority women about their right to healthcare and quality of which they should expect to receive.[21] The City of Hamilton should implement these improvements, as its general economic-backslide compared to average statistics in Ontario puts its female residents at greater disadvantage to seek and benefit from maternal care services. Doing so can address the current institutional disparities, as well as allow for more equitable healthcare.

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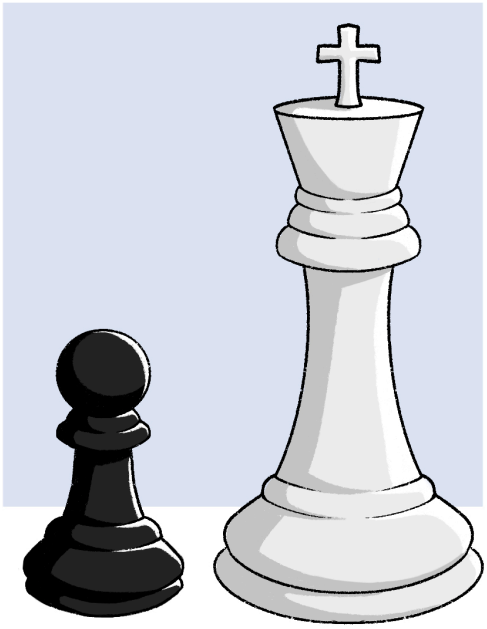

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