

Examining the Health Disparities in African American Women in the United States

A Senior Honors Thesis

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Introduction

African American women make up seven percent of the United States population and on average are younger, 36.1 years, than U.S women overall, 39.6 years (Carter et al., 2019). Despite this data Black women have a higher prevalence of heart disease, stroke, cancers, diabetes, maternal morbidities, obesity, and stress (Chinn, 2021). Infant mortality data in this country is also alarming with statistics showing that the rate for children born to Black mothers is twice as high as children born to white mothers (Chinn, 2021). This data is extremely concerning, especially considering these statistics are taken from an industrial, high income earning, western nation.

The United States has the most expensive health care system in the world. Despite this expensive system, health outcomes in this country remain poor and are concerning for an industrial nation (McCarthy, 2003). It's important to examine the shortcomings of the United States healthcare system and to identify how it affects specific populations. By examining the statistics previously stated, it's evident that there are significant and alarming patterns involving health outcomes and African American women. Despite a more widely disseminated national focus on health disparities through initiatives such as Healthy People 2030, there continues to be little evidence that shows it is being recognized with the proper attention needed by health professionals. This starts within medical and nursing schools in the educational preparation of nurses and doctors who will care for this population of patients.

The Center of Disease Control (CDC) defines health disparities as “preventable differences in the burden of disease, injury, violence, or opportunities to achieve optimal health that are experienced by socially disadvantaged populations (2022).” Health disparities can be seen in all aspects of Black women's life. African American women have a higher maternal

mortality rate than their white counterparts and are 3.55 times more likely to die during pregnancy or the postpartum period, (MacDorman et al., 2021). African American women are also more likely to experience obstetric embolisms, obstetric hemorrhage, cardiomyopathy, eclampsia, and preeclampsia during pregnancy in comparison to white women, (MacDorman et al., 2021). These maternal disparities partially stem from the lack of access to quality health care treatment and larger systemic and institutional powers.

Healthy People is a government program implemented by the CDC that focuses on goals for health promotion and disease prevention for Americans. Significant health issues within the country are identified and goals are created to combat these deficits within the decade. Healthy People 2030 lists “health care access and quality” as an objective and stresses the need to increase the proportion of adults who get recommended evidence-based preventive health care. According to Healthy People, only 8% of adults 35 and older received all the recommended high priority prevention services. This goal is an important step to tackling health disparities in America. If African American women are receiving quality preventative healthcare this can help curb some of the drastic disparities that we see.

To understand the root of these disparities it’s important to understand the foundation of how racism, a determinant of health, and intersectionality affects marginalized populations. The CDC describes social determinants of health as “the condition in which people are born, grow, live, work and age as well as the complex, interrelated social structures and economic systems that shape these conditions.” These determinants directly affect an individual’s access to resources and opportunities, as well overall health. Racism is a psychosocial stressor that can lead to adverse changes in health status and altered behavioral patterns that increase health risks (Williams, 2013). Racism affects all aspects of life from housing to environment, to lack and

denial of opportunities, and economic challenges. This constant stressor adversely affects the body directly and indirectly on a cellular level.

This thesis will be specifically focusing on the health disparities of the women in the African American community, as well as the institutional, biological, behavioral, sociocultural, and environmental factors that influence these disparities (Chinn, 2021). This will be achieved by formulating a literature review that examines these factors and statistics, as well as gives historical context of the relationship between the Black community and medical community in the U.S. Informal interviews were conducted with a small sample of African American women to better understand their experiences with the health care system. The purpose of this thesis was to examine, evaluate, and understand the health disparities of African American women in the United States.

Background

The United States has a long painful history of discrimination and racial injustice towards Black people. Enslaved Africans were first brought to the United States in the 16th century, and wasn't legally abolished until 1865 (Hunkele, 2014), although many Black people were unaware of their newfound freedom for years and decades to come. Jim Crow was established soon after in the south to maintain the racial superiority whites and to restrict the rights of African Americans (Hunkele, 2014). Jim Crow laws enforced segregation of the races in all aspects of daily life. From restrooms and drinking fountains, to schools and healthcare services. Laws and policies made it impossible for African Americans to receive the same quality of healthcare services as white people (Hunkele, 2014). The effects of the Jim Crow still haunt this country today and impact Black women's health and cancer outcomes. According to a research study,

African American women that are born in previous Jim Crow states are associated with increased estrogen receptor negatives or breast tumors (Krieger et al., 2016).

Factors Contributing to the Mistrust of U.S Healthcare Institution

Skepticism and mistrust are common sentiments towards the healthcare institution from the Black community and this potentially stems from the historically long, racist, and traumatic relationship between medicine and the Black community. For centuries, scientists and medical professionals have used Black bodies for experimentation (Washington, 2010). A well-known example of this experimentation is the Tuskegee Studies, this study was conducted by Public Health Service and the CDC over decades to examine the long-term effects of syphilis on African American men (CDC, 2022). The study was unethical and heavily criticized because the researchers failed to obtain informed consent or offer the participants available treatments (CDC). Since the government organization played an active role in this study it's understandable that this caused distrust between the African American community and the United States healthcare institution.

Medical Atrocities

There is an extensive history of experimentation on Black bodies in the United States that is outlined in the book *Medical Apartheid* by Harriet Washington (Washington, 2010). One of the various instances of racism that the book discusses is the nonconsensual sterilization of Black women throughout the 20th century. This practice was performed by surgeons who were supporters of eugenics, a white supremacist genetic ideology, who believed that whiteness and white features were desirable while Blackness and Black features were undesirable (Washington, 2010). These sterilization practices happened primarily in the 1950s and 1960s. These horrific

practices happened relatively recently within many people's lifetimes. Given this information, it's easy to see how this further contributed to the distrust of medicine from the Black community.

Health of African Americans in the United States

According to the CDC there have been some improvements regarding health in the African American community. In the last 17 years the death rate has decreased by 25% and African Americans are generally living longer (2017). Unfortunately, the younger population is developing conditions and diseases that are often seen in older populations such as high blood pressure, diabetes, and stroke (CDC, 2017). African Americans are also more likely to die at an earlier age from all causes (CDC, 2017). African Americans between the age of 18-49 are twice as likely to die due to heart disease compared to whites (CDC, 2017). The CDC also states that "African Americans between the age of 35-64 are 50% more likely to have high blood pressure than whites (2017)." The CDC identifies unemployment, poverty, lack of home ownership, smoking, sedentary lifestyle, obesity and not being able to see a provider due to costs as social factors that influence these disparities amongst the younger Black population (CDC, 2017).

According to the CDC the leading cause of death for non-Hispanic African American is heart disease, cancer, and stroke (2022). Regarding breast cancer specifically, Black women are 40% more likely to die compared to white women (CDC, 2012). When examining these statistics, it's important to explore the different experiences between Black women and white women that to better understand these disparities. Although Black women get checked for mammograms at a similar rate as white women, they experience a different level of care and priority (CDC, 2012). Only 12% of white women are seen for a follow up of over 60 days after an abnormal mammogram, compared to 20% of Black women (CDC, 2012). This is significant because by

not being seen for a follow up in a reasonable amount of time, it's giving the potential cancer an opportunity to grow and spread throughout the body. Treatment experiences also differ as 83% of white women start treatment during the first 30 days, compared to 69% of Black women (CDC, 2012). It's important for cancer treatment to begin as soon as possible to increase the chances of a better health outcome. The CDC suspects that a deficit in patient and provider communication may contribute to this delay (CDC, 2012).

Current Perception Towards Health Care System

There is a serious problem within the healthcare field of providers and nurses dismissing Black women's health concerns and specifically their pain. "Black Americans are systematically undertreated for pain relative to white Americans," (Hoffman et al., 2016). A study was conducted to see if the root of the issue was related to implicit bias and false racial beliefs. The study collected data from those with no medical training, med students, and residents and asked them if they believed in false medical beliefs based on biology (Hoffman et al., 2016). According to the data collected, it was found that 40% of first year, second year, third year med students, and residents surveyed believe that Black people have thicker skin than white people (Hoffman et al., 2016). The study also revealed that some medical professionals surveyed believe that Black people's nerve endings are less sensitive compared to whites, and that Black people have faster blood coagulation times than white people (Hoffman et al., 2016). These results help us understand why Black Americans are undertreated for pain. If healthcare providers hold these false and racist beliefs, it's obvious how these biases can impact the quality of Black women's care.

Systemic Racisms Effect on African American Women

Systemic racism creates countless of challenges for Black women in the United States and these challenges can adversely affect health. Environmental racism is one aspect of systemic racism that can adversely affect the health of a community due to lack of resources. Food insecurity is unfortunately a common issue within Black communities. Many Black neighborhoods have food deserts and don't have access to full-service grocery stores (Burke et al., 2016). When fresh food is not easily accessible, members of the community must travel to other neighborhoods to get food. Another aspect of environmental racism is the presence of landfills and toxic waste dumps in predominantly Black neighborhoods (Bullard, 2019). Robert Bullard, a well respected academic and environmental justice advocate, spoke more on the subject during an interview and stated: "Six out of eight of the [Houston] city-owned incinerators were located in predominantly black neighborhoods. Three out of the four privately owned landfills were located in black neighborhoods. Even though blacks made up only 25% of the population, 82% of all the garbage waste that was being disposed over that period of time was disposed in black neighbor-hoods (Bullard, 2019)."

Like previously stated, systemic racism can adversely affect individuals on the cellular level. Cellular degradation and accelerated aging can occur due to the constant stress of racism and the everyday challenges associated with it (Carter, 2019). Racism and discrimination are a chronic stressor that may lead to chronic health issues that create racial disparities (Thames et al., 2019). According to research, racism and discrimination opens pathways in the body and can contribute to psychiatric health problems and disease, such as depression; anxiety; cardiovascular; and hypertension (Thames et al., 2019).

Disparities in Obstetrics and Maternity

Maternal mortality rates and maternal complications are a significant part in the discussion of health disparities seen in the Black community. Black women are at greater risk for developing pregnancy complications and are at higher risk for dying during pregnancy and the postpartum period (MacDorman et al., 2021). The Commonwealth Fund, a private U.S. health promoting foundation, conducted a research study to examine and compare maternal health disparities in the United States and other developed nations (Tikkanen, et al., 2020). The United States has the highest maternal mortality rate among developed countries. “In 2018, there were 17 maternal deaths for every 100,000 live births in the U.S. — a ratio more than double that of most other high-income countries (Tikkanen, et. al, 2020).” An alarming statistic is that 52% of pregnancy related deaths happen during the postpartum period, up to one year after birth (Tikkanen, et. al, 2020). Factors that influence these disproportions are lack of guaranteed maternity leave, lack of postpartum healthcare coverage, and specific racial disparities such as economic hardships and mental health issues (Tikkanen, et. al, 2020).

The Commonwealth study also considers lack of midwives in the United States as an indication for these disparities (Tikkanen, et. al, 2020). Midwifery care can be linked to positive birth and health outcomes (Guerra-Reyes & Hamilton, 2017). African American midwives were the primary maternal care providers to southern Black women up until the 1960s when the government created more strict provider regulations laws (Guerra-Reyes & Hamilton, 2017). The abrupt switch from community-based care within the Black community to often times white physician care in the hospital setting hospital may have contributed to inequalities we see through the statistics.

Methods

A literature review was conducted to examine the current literature on the health disparities of African American women in the United States. Databases utilized to gather articles were PubMed, CINAHL, and MEDLINE. The book *Medical apartheid the dark history of medical experimentation on Black Americans from colonial times to the present* by Harriet Washington was also used to gather information for this literature review. All articles were published between 2003 and 2021. Keywords were used to find relative articles to support this literature review. Keywords that were included: *African American women health disparities, maternal mortality*, Informal interviews with Black women were conducted that did not require IRB approval.

The inclusion criteria for the literature review are:

- The articles are relevant to the topic of health disparities and African American women in the United States.
- The articles that focus on institutional and systemic racism, must focus on how the Black community is affected.
- The articles about maternal mortality and gestational complications must be related to African American women in the United States.

The exclusion criteria for the literature review are:

- Articles that discuss the health disparities of marginalized population that do not include African American women.
- Articles that focus on the health disparities of Black women outside of the United States.
- Research studies that did not have IRB approval.

- Articles published prior to 2000.

All articles were retrieved from credible databases. Articles were read and analyzed to its entirety and were chosen based on its valuable and relevant information to the topic of this thesis. Articles that met all the inclusion and exclusion criteria were included in this thesis.

Twenty-two pieces of literature, including journal articles; theses; books; and information from public and private health organizations, were used to support this thesis. It's important that the articles and books used for this thesis focused primarily on issues within the United States because health disparities vary depending on the country. Articles used that did speak of other countries only spoke of them when comparing American disparities to other western nations. Articles on systemic racism were included to show how racism affects African American women in their everyday lives and how chronic stress can impact one's health. The book *Medical Apartheid* was used to show the extent of medical malpractice on Black bodies in this country and how that history influences the black community's perceptions on the medical community and the healthcare institution.

Three informal interviews with African American women were also conducted to achieve a better understanding of this population's perception of health, healthcare workers, and the healthcare institution. Their experiences and relationships as African American women with their health and with healthcare workers further supported the literature used throughout this thesis.

Results/Findings

Data Analysis

After identifying relevant and significant articles, research studies, and books related to the topic of this thesis, they were compiled into an extensive literature review table. The selected

literature was read in its entirety, and the most pertinent and relative information was extracted from the literature and included in this thesis.

Sample of Articles Included in Review

Twenty-two pieces of literature, published between 2002 and 2022, were included in this review. Among this review included a book that gave a detailed history of medical malpractice in the United States, a thesis on Jim Crow's effect on health opportunities, and information from government organizations and national health foundations, the CDC; Commonwealth Fund; and Healthy People, were cited and utilized in this paper.

Main Themes

The purpose of the literature review is to identify the current studies, information, and research on the health disparities of African American women in the United States. The main themes identified through this literature review were:

- Maternal mortality, pregnancy and postpartum related complications disproportionately affect African American women.
- Systemic racism and lack of opportunities and resources increases African American's chronic stress levels and negatively impacts their health, putting them at greater risk for developing health issues.
- The medical community has historically harmed the Black community through medical racism, experimentation, and discrimination. Today healthcare workers' implicit bias contributes to the distrust towards medicine and medical professions.

Reproductive health and maternal mortality are urgent issue in this country that disproportionately affect African American women and are significant themes in the literature

review. Each woman interviewed expressed having some form of medical complication, whether it was preeclampsia; gestational diabetes; emergency c-sections, or premature labor. One woman, in addition to gestational health issues, expressed having postpartum hemorrhage and increase in blood clots during the postpartum period. This theme is so essential to the thesis because African American women are at disproportionately high risk for dying during and after delivery (Tikkanen, et. al, 2020). According to a research study for every 100,000 births in the United States there are 37.1 deaths for African American women, compared to 14.7 for white women (Tikkanen, et. al, 2020).

Systemic racism is a reoccurring theme within this thesis because it impacts all domains of life for this marginalized population. The literature included in this review touched on important topics like lack of resources and the high prevalence of food deserts in African American neighborhoods (Burke, et. al, 2016). The literature also covers how systemic racism and chronic stress adversely affects the body on a cellular level and puts African American women at higher risk for developing health problems (Carter, et. al, 2019).

The harmful history of racism, discrimination, experimentation, and medical malpractice inflicted on the Black community is a theme that can be seen in the review and is the foundation for the current relationship between the medical community and the Black community. The book *Medical Apartheid* identifies multiple atrocities and medical experimentations done at the expense of the African American community (Washington, 2010). This history sets the foundation for racist stereotypes and ideas that we see still see in practice today. According to a research study med students and physicians expressed believing in old medical stereotypes with racist origins (Hoffman et al.,2016). This theme adds an important aspect to the review because although Black women must deal with the daily stress of systemic racism, healthcare workers'

stigmas, implicit bias, and ignorance towards at risk populations can directly impact the quality of care that Black women receive. Not only do African American women experience distrust in the healthcare institution due to frequent historical events, but Black women also expressed frustrations with feeling ignored, dismissed, and rushed from nurses and providers throughout the interviews. The Black women interviewed, consistently discussed the importance of representation in health care. All the participants expressed feeling safer, better cared for, and looked out for when they had a Black provider or nurse.

Discussion

Research Question

The original research question that inspired this thesis was “Why do we see health disparities in African American women in the United States, and what factors influence these disparities?” The purpose of the review was to examine, evaluate, and understand the health disparities of African American women in the United States. Based on this review there has been significant evidence to support that health disparities in the United States stem from racist systems and outdated racist practices that put African American women’s health at greater risk.

Implications for Clinical Practice

This literature review touched on healthcare workers impact on health disparities. It’s important for nurses and physicians to be aware of health disparities of at-risk populations. Nurses and physicians should identify at risk patients and develop an inclusive health care plan that includes screenings and preventative measures for this patient population. For example, if a healthcare team is caring for a Black post-partum patient, they should be aware that they are at risk for developing postpartum complications and should encourage the necessary preventative

screenings, follow-ups, and patient education. Nurses and physicians should also be aware of the concept of implicit bias to ensure that they are providing the best quality care to their patients and should be able to call out and address inadequate care based on racial prejudices.

Nurses can also organize community outreach programs by providing pop-up health clinics and education in Black communities. By meeting the community where they're at, in schools; churches; and local community groups and organizations, nurses can help bridge the gap and create a stronger, and more trusting relationship with the Black community.

Policy Changes

To ensure that discrimination does not take place in the healthcare settings, healthcare facilities should require employees to a module on implicit bias and discrimination and its effect on health disparities during orientation. This way nurses and physicians can ensure that they're providing culturally competent care to their patients and identify and address other physicians and nurses that are not providing appropriate care.

It's also important that nursing and medical schools have preventative education by providing a diverse and inclusive curriculum that educates students on marginalized populations and institutional racism in the United States. Nursing and medical schools should hire diverse staff members and professors and encourage minority groups to apply to promote diversity. It's also vital that schools inform students on the history of medical malpractice and racist experimentation so there is a better understanding of where these racist ideologies stem from, that way the ideas and can be appropriately condemned.

Further Research

This thesis serves an introduction to the health disparities that affect African American women and provide readers with a foundation the systemic factors that influence Black women's health. Although this thesis provided a literature review and informal interviews, a larger, qualitative study that conducts interviews on a large sample size would be beneficial to further understand the experiences of African American women. It's also important to note that discrimination can be complex, and intersectionality plays a part in Black women's experiences. For example, hearing from Black women of different ages and those who identify as part of the LGBTQ community will give us a ag deeper understanding on how different identities can influence the care that Black women receive. This thesis was also limited in the patient population it focused on. Additional research could be done to include Black Americans who are come from immigrant families and Black women from other countries to compare the disparities.

Conclusion

African American women are a marginalized group in the United and it's important to examine how being a part of a marginalized population affects all aspects of life, including one's health. In this literature review we explored the health disparities affecting African American women and provided insight into the factors that influence these disparities. The literature highlighted and proved that African American women face serious and significant health disparities and different treatment compared to non-Black women in this country. Although there are systemic factors that cause this that are out of the average person's control, healthcare workers can play apart in curving these disparities. Early education on discrimination in healthcare in nursing and medical schools should be implemented to prevent unequal care; community outreach programs lead by nurses and other health professionals that educate African American women on risks and preventative care which can also help improve the perception of

healthcare workers; and encouraging primary care, frequent checkups, and preventative screening tests to patients.

This thesis is not only relevant to healthcare professionals and the African American community, but to United States government officials within healthcare systems and beyond. To see significant changes in health disparities we must see change the systemic factors that are creating them.

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