

Women's Select Health Issues in Underserved Populations

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KEYWORDS

- Breast cancer • Cervical cancer • Contraception • Health care disparities
- Underserved women

KEY POINTS

- Health care disparities exist among populations with a lack of health care resources or poorer socioeconomic status.
- Barriers to health care include transportation, distrust of the health care system, lack of access to health care, and intimate partner issues.
- There is a lack of availability of cancer screening in poorer nations.
- Creating a needs assessment and using community resources are methods used to combat health care disparities in underserved women.
- Continuity of care and use of allied health professionals improve maternal-fetal outcomes.

INTRODUCTION

Care of the medically underserved presents unique challenges to health care providers. Underserved women lack or have limited access to health care. Combating health care disparities requires a partnership between the community, its providers, and health care advocates for developing a needs assessment so that resources are used in an effective, efficient, and economically viable manner. Women are especially vulnerable to health care disparities in both industrialized and developing nations. The basis of this is multifactorial with poor socioeconomic status, lack of appropriate cancer screening, lack of reasonable transportation, and unequal gender roles all playing a part. The focus of this article is to outline the health care disparities in underserved women and present solutions to help bridge the health care gap.

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CANCER SCREENING IN UNDERSERVED WOMEN

Cancer-related health disparities are defined by the National Cancer Institute as “adverse differences in cancer incidence cancer prevalence, cancer mortality, cancer survivorship, and burden of cancer or related health conditions that exist among specific population groups in the United States.”¹ The disparity may exist due to age, disability, education, ethnicity, gender, geographic location, income, or race/ethnicity. Women who are uninsured or underinsured have higher incidence of cervical and breast cancers and a more advanced disease than the general population. In the United States, the most vulnerable groups include African Americans/blacks, Asian Americans, Hispanic/Latinos, Native Americans, Alaska Natives, and underserved whites.

CERVICAL CANCER SCREENING

Barriers to Access to Care: Transportation

Women in underserved populations are more vulnerable to cervical cancer than their counterparts due to barriers to access to care.^{1,2} Few primary care clinics are situated to serve patients of lower socioeconomic status. Many of these women may not have personal vehicles for transportation, relying instead on friends and/or family or city/local buses for transportation to their clinics.¹ They may arrive late to their office visits due to late buses. Some patients may rely on transportation provided by their insurance companies, which requires calling a specific company with whom the insurance company has a contract at least 3 days in advance of an appointment to arrange transportation.³ Arriving late to an appointment may result in a lost appointment or the necessity of rescheduling. Repeated missed appointments may result in a patient being dismissed and discharged from the practice.¹⁻⁴

In countries of lower socioeconomic status, reliable and timely transportation may not be available. Many villages in Africa are far from industrialized areas, without dependable transportation. Women may have to travel far distances on foot through treacherous terrain to seek medical care for themselves and their children.⁵

Distrust of the Medical Providers and System

Another barrier to care includes distrust of the medical providers and the medical system in general.⁶ Underserved women may have had bad experiences with the health care system and with medical providers who may not be sensitive to their individual needs. They may have experienced refusal to be seen by a medical provider due to either lack of insurance.^{6,7} Some may believe that they receive treatment that was less than optimal based on their race, gender, religion, or other factors.^{1,2} African American patients may recall the history of experimentation on patients of color. Modern surgical gynecology, founded by J. Marion Sims, has a gruesome foundation in its use of female slaves as his experimental subjects.⁸ Still others may recall the Tuskegee Experiment⁹ (US Public Health Service 1932–1972). Hispanic/Latino women residing in the United States may not seek health care services so as to not be vulnerable to inquiry about immigration status and face possible deportation.⁶

Fear of Cancer

The data show that precancerous or cancerous lesions of the cervix (and those of the breast as well) are found at more advanced stages in underserved women than in their counterparts.^{2,3} The fear of diagnosis of higher-grade lesions perpetuates the

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