HEALTH AND HEALTH CARE CONCERNS AMONG WOMEN AND RACIAL AND ETHNIC MINORITIES

RESEARCH IN THE SOCIOLOGY OF HEALTH CARE

Series Editor: Jennie Jacobs Kronenfeld

Recent Volumes:

Volume 23: Health Care Services, Racial and Ethnic Minorities and Underserved Populations, 2005

Volume 24: Access, Quality and Satisfaction with Care: Concerns of Patients, Providers and Insurers, 2007

Volume 25: Inequalities and Disparities in Health Care and Health: Concerns of Patients, Providers and Insurers, 2007

Volume 26: Care for Major Health Problems and Population Health Concerns: Impacts on Patients, Providers, and Policy, 2008

Volume 27: Social Sources of Disparities in Health and Health Care and Linkages to Policy, Population Concerns and Providers of Care, 2009

Volume 28: The Impact of Demographics on Health and Healthcare: Race, Ethnicity, and Other Social Factors, 2010

Volume 29: Access to Care and Factors that Impact Access, Patients as Partners in Care and Changing Roles of Health Providers, 2011

Volume 30: Issues in Health and Health Care Related to Race/Ethnicity, Immigration, SES and Gender, 2012

Volume 31: Social Determinants, Health Disparities and Linkages to Health and Health Care, 2013

Volume 32: Technology, Communication, Disparities and Government Options in Health and Health Care Services, 2014

Volume 33: Education, Social Factors, and Health Beliefs in Health and Health Care Services, 2015

Volume 34: Special Social Groups, Social Factors and Disparities in Health and Health Care, 2016

RESEARCH IN THE SOCIOLOGY OF HEALTH CARE
VOLUME 35

HEALTH AND HEALTH CARE CONCERNS AMONG WOMEN AND RACIAL AND ETHNIC MINORITIES

EDITED BY

JENNIE JACOBS KRONENFELD
Sociology Program, Sanford School of Social and Family Dynamics, Arizona State University, USA

emerald
PUBLISHING

United Kingdom – North America – Japan
India – Malaysia – China

Emerald Publishing Limited
Howard House, Wagon Lane, Bingley BD16 1WA, UK

First edition 2017

British Library Cataloguing in Publication Data
A catalogue record for this book is available from the British Library

ISBN: 978-1-78743-150-8 (Print)
ISBN: 978-1-78743-149-2 (Online)
ISBN: 978-1-78743-178-2 (Epub)

ISSN: 0275-4959 (Series)

CONTENTS

PART I
INTRODUCTION TO VOLUME

PART II
WOMEN AND REPRODUCTIVE RELATED HEALTH AND HEALTH CARE CONCERNS

PART III
HEALTH CARE PRACTITIONERS AND HEALTH AND HEALTH CARE

PART IV
RACIAL AND ETHNIC MINORITIES AND HEALTH AND HEALTH CARE

LIST OF CONTRIBUTORS

Kathryn Freeman Anderson	Department of Sociology, University of Houston, Houston, TX, USA
Denise L. Anthony	Department of Sociology, Dartmouth College, Hanover, NH, USA
Mikaila Mariel Lemonik Arthur	Department of Sociology, Rhode Island College, Providence, RI, USA
Shawn Bauldry	Department of Sociology, Purdue University, West Lafayette, IN, USA
Allison Pope Burger	Southern New Jersey Perinatal Cooperative, Pennsauken, NJ, USA
Tracey Chantler	London School of Hygiene & Tropical Medicine (LSHTM), London, UK
Claudia Chaufan	School of Health Policy and Management, York University, Toronto, Canada
William C. Cockerham	Department of Sociology, University of Alabama at Birmingham, Birmingham, AL, USA
Lisa A. Cubbins	Department of Sociology, University of Washington, Seattle, WA, USA
Patricia Drentea	Department of Sociology, University of Alabama at Birmingham, Birmingham, AL, USA
Alicia Fernandez	School of Medicine, University of California, San Francisco, CA, USA
Michael Seth Friedson	Department of Sociology, University of Wisconsin-Whitewater, Whitewater, WI, USA

Rob Haile	Oxford County Public Health and Emergency Services, Woodstock, Canada
Bryant W. Hamby	Department of Sociology, University of Alabama at Birmingham, Birmingham, AL, USA
Megan M. Henley	Social and Behavioral Sciences, Colorado Mesa University, Grand Junction, CO, USA
Mi-Kyung "Miki" Hong	Institute for Health & Aging, University of California San Francisco, San Francisco, CA, USA
Jacob Chao-Lun Huang	School of Humanities, Religion, and Social Sciences, Fresno Pacific University, Fresno, CA, USA
Katrina Kimport	ANSIRH, University of California San Francisco, San Francisco, CA, USA
Jennie Jacobs Kronenfeld	Sociology Program, Sanford School of Social and Family Dynamics, Arizona State University, AZ, USA
Nancy S. Landale	Department of Sociology and Demography, Pennsylvania State University, University Park, PA, USA
Heidi Larson	London School of Hygiene & Tropical Medicine (LSHTM), London, UK
Shelley Lees	London School of Hygiene & Tropical Medicine (LSHTM), London, UK
Lilian Magalhães	Department of Occupational Therapy, Federal University of Sao Carlos, Sao Paulo, Brazil
Karthikeyan Meganathan	Department of Family and Community Medicine, University of Cincinnati, Cincinnati, OH, USA
Miriam Naiman-Sessions	Department of Sociology, Carroll College, Helena, MT, USA

Aggie J. Noah	School of Social Transformation, Arizona State University, Tempe, AZ, USA
Pauline Paterson	London School of Hygiene & Tropical Medicine (LSHTM), London, UK
Louise Marie Roth	School of Sociology, University of Arizona, Tucson, AZ, USA
Brenly Rowland	ANSIRH, University of California San Francisco, San Francisco, CA, USA
Debbie Laliberte Rudman	School of Occupational Therapy, University of Western Ontario, London, Canada
Magdalena Szaflarski	Department of Sociology, University of Alabama at Birmingham, Birmingham, AL, USA
Emily Walton	Department of Sociology, Dartmouth College, Hanover NH, USA
Nicole Maki Weller	Department of Sociology, Indiana University Kokomo, Kokomo, IN, USA
Rose Jane Wilson	London School of Hygiene & Tropical Medicine (LSHTM), London, UK

ABOUT THE AUTHORS

Kathryn Freeman Anderson is Assistant Professor in the Department of Sociology at the University of Houston. She received her Ph.D. in Sociology from the University of Arizona. Her research lies at the intersection of the sociology of health and illness, urban sociology, race/ethnicity, and organizations. Her work is generally focused on understanding the social sources of health disparities in the United States. In particular, she examines the role of race/ethnicity and urban neighborhood dynamics to analyze how these factors may affect individual health. Her work on racial inequality, neighborhoods, and health is published in *Social Problems*, *Population Review*, and *Race and Social Problems*.

Denise Anthony is Vice Provost for Academic Initiatives and Professor of Sociology at Dartmouth College. She is also a faculty affiliate at The Dartmouth Institute for Health Policy and Clinical Practice. Anthony's research explores issues of cooperation, trust, and privacy in a variety of settings, from health care delivery to micro-credit borrowing groups to online groups such as Wikipedia and Prosper.com. Her current work examines the use of information technology in health care, including effects on quality, on the organization of health care, as well as the implications for the privacy and security of protected health information. Her multi-disciplinary research has been funded by grants from the National Science Foundation and others, and published in sociology as well as in health policy and computer science journals, including among others the *American Sociological Review*, *Social Science and Medicine*, *Journal of the American Medical Association*, *Health Affairs*, and *IEEE Pervasive Computing*.

Shawn Bauldry is Assistant Professor of Sociology at Purdue University. His research interests include health disparities, particularly related to the education-health gradient, and multigenerational processes shaping health. In addition, he works on the development of structural equation models.

Allison Pope Burger is Evaluation Specialist at the Southern New Jersey Perinatal Cooperative, a state-licensed nonprofit. Allison collaborates with Program Coordinators to implement survey research and write reports for partners and funders. Highlights of her research include making data-driven recommendations for the Salem Health and Wellness Foundation's adoption of teen pregnancy and STI prevention programs in Salem County, New Jersey. Her report served as a national model. She has also conducted several rounds of client satisfaction surveys and focus group research for Camden Healthy Start, a program aimed at reducing infant mortality in one of America's most impoverished cities. She holds a Master's Degree in Sociology from Rutgers University, where her studies focused on Environmental Sociology and Public Health.

Tracey Chantler has been involved in research relating to vaccines and immunization for 15 years. She also has significant experience of coordinating community health and immunization programs in Haiti, which included supervising and training health workers in vaccination. Dr. Chantler's research in this field spans pediatric clinical vaccine trials, organizational, qualitative, and mixed methods research in the United Kingdom related to the delivery of vaccine programs, vaccine trial participation, public engagement, acceptance of new vaccines, as well as longer term ethnographic fieldwork related to community engagement, vaccine trials, and ethics in western Kenya. In post-doctoral work, Dr. Chantler studied the role and value of reciprocal monitoring in clinical trials, and has been part of a multi-disciplinary research team developing a mobile health self-monitoring system for patients with heart failure. As part of this research, Dr. Chantler conducted home visits, to observe how patients were integrating use of this system into their daily lives, and do talk to them about their experiences of adopting technology for self-monitoring.

Claudia Chaufan is Associate Professor of Health Policy and Global Health at York University, Toronto. Her interdisciplinary background spans medicine, sociology/critical political economy, and philosophy. She practiced medicine in her native Argentina and later shifted to a career in academic sociology. Her research and intellectual interests include the political economy of health/global health, comparative health policy, the medicalization of social problems, the sociology of genomics, the health and social effects of neocolonialism and capitalist globalization, power/discourse, and the scholarship of teaching and learning. She has published in *Social Science & Medicine*, *Critical Public Health*, and the *International Journal of Health Services*, among other academic outlets; is editorial board member and ad hoc reviewer of several peer-reviewed journals; and is a long-time member/activist/supporter of US Physicians for a National Health Program.

William C. Cockerham, Ph.D., is Distinguished Professor and Chair of the Department of Sociology at the University of Alabama at Birmingham. His most recent books are *Sociology of Mental Disorder*, 10th edition (Routledge, 2017) and *Medical Sociology*, 14th edition (Routledge, 2017); he is also Associate Editor-in-Chief of the seven-volume *International Encyclopedia of Public Health*, 2nd edition (Academic Press, 2017) and co-editor of a special issue of the *American Journal of Preventive Medicine* (January, 2017).

Lisa A. Cubbins, Ph.D., is Sociologist and an independent consultant. Previously, she was a senior research scientist at Battelle Health and Analytics. She has also held faculty positions at the University of Washington and the

University of Cincinnati. She specializes in social stratification, immigrant health, and risky behaviors and HIV. She has led and collaborated on NIH- and other federally-funded studies of social issues in health.

Patricia Drentea, Ph.D., is Associate Professor in the Department of Sociology at the University of Alabama at Birmingham. She studies how ascribed statuses, such as gender and race, determine physical and mental health both directly and indirectly through employment and family status, economic inequality, and differential life chances. Her work is published recently in journals such as *Society and Mental Health*, *Aging and Mental Health*, and *The Gerontologist*. She is working on the book on *Families and Aging* with Rowman and Littlefield.

Alicia Fernandez, MD, is Professor of Medicine, University of California, San Francisco. Her research is on health care disparities in chronic disease with a strong focus on Latinos and diabetes. Dr. Fernandez' efforts were supported in part by NIH K24DK102057.

Michael Friedson is Assistant Professor in the Department of Sociology, Criminology & Anthropology at the University of Wisconsin-Whitewater. His research interests include the relationship between crime, policing, and poverty, as well as the effects of poverty on childhood health. He has published research articles in academic journals such as *The Annals of the American Academy of Political and Social Science* and *Child Abuse & Neglect: The International Journal*.

Rob Haile, M.Sc., is a Public Health Planner for Oxford County Public Health & Emergency Services in Woodstock, Ontario. He conducts planning and evaluation for the County's health promotion and health protection programs, and performs ongoing research on various local topics of interest to assess community wants, needs, and assets. Rob applies a critical lens in his research to examine how social, cultural, and environmental contexts impact certain marginalized communities.

Bryant W. Hamby, M.A., is Doctoral Candidate in Sociology at the University of Alabama at Birmingham. His research focuses on the social determinants of health, with recent publications in *Communist and Post-Communist Studies* and the *American Journal of Preventive Medicine*.

Megan M. Henley is an Assistant Professor of Sociology at Colorado Mesa University. Her primary research interests are gender, knowledge, family, and reproduction. Her research focuses on doulas (labor support people) and how they legitimate their role within the medical and non-medical birth realms. Her current research looks at mothers who hire doulas and how they learn about the benefits of doula support. Dr. Henley collaborated on the development of the Maternity Support Survey, a cross-national survey of doulas, childbirth educators, and labor and delivery nurses in the United States and Canada. She specifically created questions having to do with doulas and their sources of knowledge. She has used the survey data both in her own research and in collaborative papers with other members of the Maternity Support Research Team.

Mi-Kyung "Miki" Hong is health Services Researcher with formal training in epidemiology and health management and policy. She is a tobacco control scholar and has published journal articles that relay the conflicts of interest between academic scientists and the tobacco industry. Miki is interested in medical effectiveness research as it relates to policy and lawmaking. She has served as a task force member with the California Health Benefits Review Program, a body that responds to requests from the California State legislature to provide independent analysis of the medical, financial and public health impacts of proposed health insurance benefit mandates and repeals in California state. Miki received her BA from Columbia University and an MPH and an executive MHSA from the University of Michigan.

Jacob Chao-Lun Huang (Ph.D. in Sociology, University of North Texas) is Assistant Professor of Sociology at Fresno Pacific University. His research focuses on how health behaviors impact health outcomes for elderly Asian Americans in the United States. He is currently conducting a research that explores perceptions of health services and immigration experiences for Hmong elderly. In addition, he has a great passion for employing sociological insights into community services. His publications include "Using Data in Service of Community Transformation" (adopted in *Out of Nazareth: Christ-Centered Civic Transformation in Unlikely Places*, pp. 244–282, Skyforest, CA: Urban Loft Publishers, 2017) and "NGOs in Asia: A Case Study of the Mennonite Social Welfare Foundation in Taiwan" (adopted in *Nongovernmental Organization Case Studies in Leadership*, Dubuque, IO: Kendall Hunt Publishing Company, forthcoming).

Katrina Kimport is Assistant Professor in the Department of Obstetrics, Gynecology & Reproductive Science and research Sociologist in the Advancing New Standards in Reproductive Health (ANSIRH) program at the University of California, San Francisco. Her research focuses on the (re)production of inequality, with a particular emphasis on gendered and sexuality-based inequality. Dr. Kimport's work has been published in the *Journal of Health and Social Behavior*, *Gender & Society*, and *Journal of Sex Research*. She is the author of *Queering Marriage: Challenging Family Formation in the United States* (2014, Rutgers University Press) and, with Jennifer Earl, PhD, of *Digitally Enabled Social Change: Activism in the Internet Age* (2011, MIT Press).

Nancy S. Landale, Ph.D., is a Liberal Arts Research Professor of Sociology and Demography at Pennsylvania State University. Professor Landale's research focuses on family patterns and health outcomes of racial and ethnic minorities in the United States. She is currently investigating the health and development of Mexican children of immigrants, with an emphasis on links between immigration and assimilation processes, family contexts and multiple dimensions of health. Professor Landale has also written extensively about the roles of migration and assimilation in the family patterns and infant health outcomes of Puerto Ricans; early family formation patterns; and the financial and nonfinancial contributions of fathers. Professor Landale teaches in the areas of social demography and the family.

Heidi Larson, MA, PhD, is Anthropologist and Director of The Vaccine Confidence Project (VCP); Associate Professor, Department of Infectious Disease Epidemiology, LSHTM; Associate Clinical Professor, Department of Global Health, University of Washington; and Chatham House Centre on Global Health Security Fellow. Dr. Larson previously headed Global Immunisation Communication at UNICEF, chaired GAVI's Advocacy Task Force, and served on the WHO SAGE Working Group on vaccine hesitancy. The VCP is a WHO Centre of Excellence on addressing Vaccine Hesitancy. Dr. Larson's research focuses on the analysis of social and political factors that can affect uptake of health interventions and influence policies. Her particular interest is on risk and rumor management from clinical trials to delivery – and building public trust. She served on the FDA Medical Countermeasure (MCM) Emergency Communication Expert Working Group, and is Principle Investigator of the EU-funded (EBODAC) project on the deployment, acceptance and compliance of an Ebola vaccine trial in Sierra Leone.

Shelley Lees, Ph.D., is Associate Professor in Anthropology of Gender, Violence and HIV. The main focus of Dr. Shelley Lees' research is exploring gender, violence, and HIV. Through anthropological research conducted with participants in HIV and GBV trials in Tanzania, which aim to empower women, Dr. Lees is exploring what impact such trials have on Tanzanian women's power. With 20 years of working and living in Tanzania, she is developing an in-depth understanding of changes in Tanzanian women's power, and how this is impacted on by scientific endeavors, such as the trials, as well as social and economic development. Further to this, Dr. Lees is interested in understanding women's power in relation to concepts of uncertainty and hope. She is also exploring the role on anthropology in clinical and community-based trials, especially to reveal broader ethical considerations of trials. For this purpose, Dr. Lees is leading anthropological research into an Ebola Virus Disease trial in Sierra Leone.

Mikaila Mariel Lemonik Arthur is Associate Professor and Chair of Sociology at Rhode Island College, where she teaches courses primarily in research methods and the sociology of law. Her research focuses on organizational issues in higher education and on social science pedagogy.

Lilian Magalhães is Adjunct Professor at Federal University of São Carlos, Brazil. Dr. Magalhães also holds an Emeritus Professor status at Western University in London, Ontario, Canada. Her research interests focus on emancipatory practices, community engagement, and visual methodologies. Dr. Magalhães has secured national and international funding to support projects in investigating the living and working conditions of undocumented immigrant workers. Dr. Magalhães has been applying innovative visual methods such as photovoice and body mapping to her projects, which afford interesting venues to convey participants' narratives.

Karthikeyan Meganathan is Data Analyst at the University of Cincinnati. He is involved in the design, data management, and statistical analysis of diverse groups of clinical, population-based, and healthcare-related projects conducted by investigators from University of Cincinnati, Cincinnati Children's Hospital, and Cincinnati Veterans Affairs. His experience and areas of interest also include analyses of data from publicly available national surveys as well as national registries.

Miriam Naiman-Sessions is Adjunct Professor of Sociology at Carroll College. Her primary research interests are gender, health, family, and emotions. Her previous research analyzed the associations between medical interventions and women's emotional experiences during birth. Her most recent research examines the link between hospital characteristics and women's birth outcomes. Dr. Naiman-Sessions collaborated on the development of the Maternity Support Survey, a cross-national survey of doulas, childbirth educators, and labor and delivery nurses in the United States and Canada. She has used the survey data in collaborative papers with other members of the Maternity Support Research Team.

Aggie J. Noah, Ph.D., is Assistant Professor in Asian Pacific American Studies & Justice and Social Inquiry in School of Social Transformation at the Arizona State University. Her research and teaching interests are in understanding the influence of social contexts, often operationalized as neighborhoods and activity spaces, on immigrants' well-being using the demographic perspective. Specifically, she investigates how the complex interplay of social inequalities at the individual, family, and contextual levels influences immigrants. Her recent work has been published in *Demography*, *Demographic Research*, *Journal of Marriage and Family*, and *Journal of Family Theory and Research*.

Pauline Paterson, Research Fellow, BSc, MSc, Ph.D., MBA, is Co-Director of The Vaccine Confidence Project team with Dr Heidi Larson. She has been researching issues of public confidence in immunizations since 2010. Specific research activities include qualitative analysis of parental reasons for not vaccinating their child with influenza vaccine in England, analysis of concerns surrounding HPV vaccine in India and Japan, and a systematic review on public trust in vaccination. Dr. Paterson is a member of the National Institute for Health Research (NIHR), Health Protection Research Unit (HPRU) in immunization in partnership with Public Health England. She has also researched HIV risk perception in sub-Saharan Africa, and feasibility and acceptability of PrEP in Kenya, and carried out a systematic review on conceptualizations of uncertainty and risk, and implications for uptake and use of biomedical HIV prevention technologies in sub-Saharan Africa. Dr. Paterson has a Ph.D. in Epidemiology, an MBA, and an MSc in Environmental Technology from Imperial College London.

Louise Marie Roth is Associate Professor of Sociology at the University of Arizona. Her primary research interests are gender, family, organizations, and law. Her previous research analyzed gender inequality in pay and performance evaluations in finance, medicine, and among scientists. Her more recent research focuses on the effects of tort laws and reproductive rights laws on reproduction and childbirth. With an inter-university research team, she developed a survey of Maternity Support Workers (doulas, childbirth educators, and labor and delivery nurses) to study their experiences with maternity care in the United States and Canada. In this research, she examined doulas' and nurses' views of each other, the frequency with which doulas and nurses witness ethical violations during childbirth, and maternity support workers' views of reproductive rights across the spectrum from abortion to birth.

Brenly Rowland is Senior Research Analyst at UCSF-ANSIRH, where she supports multiple research projects with study development, project management, and interviewing. Her past experiences include working as a sex educator, volunteering as a counselor at an abortion clinic, and leading workshops on domestic violence prevention and contraceptive options in Nicaragua. Ms. Rowland received her BA in Medical Anthropology from Hampshire College.

Debbie Laliberte Rudman, PhD, OT Reg.(Ont.), is Associate Professor in the School of Occupational Therapy and the Health and Rehabilitation Sciences Graduate Program (Occupational Science field) in the Faculty of Health Sciences at Western University. She applies critically oriented qualitative approaches to examine how everyday occupations (encompassing the range of activities people need and want to do in order to maintain and optimize their lives, families and communities) and identities of individuals and collectives, particularly of groups who experience social and economic marginalization, are situated within sociocultural, political, economic, and historical conditions. Dr. Rudman's work attends to the sociopolitical and discursive shaping of social issues and inequities, such as long-term unemployment and the extension of working lives, and raises awareness of the implications of re-configurations for how social issues come to be addressed and negotiated by individuals and through services.

Magdalena Szaflarski is Assistant Professor in the Department of Sociology at the University of Alabama at Birmingham. Her research interests include immigrant mental health, religion and HIV, and medical cannabis use. She has led a NIH-funded study of religious organizations' responses to HIV and is currently a co-investigator/social scientist on a study of cannabidiol oil in patients with epilepsy, sponsored by the State of Alabama (Carly's Law).

Emily Walton is Assistant Professor at Dartmouth College. As the U.S. population continues to be shaped by immigration in the 21st century, her research aims to add complexity to the way scholars and policymakers understand the meanings of race and place. Her early work investigated co-ethnic neighborhood concentration, focusing on resilience and providing insight into factors that can promote health and well-being in disadvantaged communities. More recently, she has turned her attention toward understanding social interactions in multiethnic communities, asking how individuals with different backgrounds and identities may come together in transformative interaction.

Nicole Maki Weller is Assistant Professor of Sociology at Indiana University Kokomo. Professor Weller's research focuses on reproductive health across the life course ranging from adolescent risky sexual health behaviors to exploring the determinants and outcomes stemming from the infertility experience. Her previous work on the interaction between parity status and health-seeking behaviors for infertility was published in *Population Review* and considered whether parity status would influence health-seeking behaviors for infertility. She has co-authored a manuscript that examined the impact of infertility and utilization of infertility services on self-rated health outcomes for women. This research was published in the *Journal of the Indiana Academy of the Social Sciences*. The project presented in this edited volume was funded in part from a Research Faculty Fellowship and a Research Grant from Indiana University Kokomo. In addition to her research on infertility, Professor Weller has explored the front-end of reproductive health and has explored the relationship between sex education on adolescent sexual behaviors. She has published in the *Journal of Health Behavior* and *Policy Review* on the rates of unprotected sexual debut as a condition of the sex education content received. Her current research project is an examination of sex education content and perceptions of sexual violence. In addition to this research agenda, Professor Weller facilitates the Medical Sociology Concentration for the Department of Sociology at Indiana University Kokomo.

Rose Wilson is currently conducting a Ph.D. on understanding vaccination uptake among pregnant women in Hackney, London, within the Vaccine Confidence Project at the London School of Hygiene & Tropical Medicine (LSHTM). Previous to this, Rose worked as a Research Assistant at the school During this time, she worked on a systematic review commissioned by the World Health Organisation (WHO), on the effectiveness of interventions to address vaccine hesitancy. She also co-authored an article published in *Human Vaccines & Immunotherapeutics* and two technical reports for the Center for Strategic and International Studies (CSIS) on the issue of HPV vaccine acceptance in Japan. The reports offer advice to the Japanese government on how to overcome vaccine hesitancy surrounding the human papillomavirus (HPV) vaccine. Rose holds an MA in Social Anthropology of Development from the London School of Oriental and African Studies (SOAS).

PART I
INTRODUCTION TO VOLUME

HEALTH, HEALTH CARE, AND WOMEN AND RACIAL AND ETHNIC MINORITIES

Jennie Jacobs Kronenfeld

ABSTRACT

This chapter provides both an introduction to the volume and a brief review of literature on women, gender, and health and health-care services as well as racial/ethnic minorities in the same areas.

The chapter argues for the importance of greater examination of women, issues of gender, and racial and ethnic minorities in health and health-care services.

The chapter reviews the issues of women and racial and ethnic minorities and previews this book.

Keywords: Women; gender and health care; ethnic minorities; racial minorities

This chapter provides an introduction to Volume 35 in the *Research in the Sociology of Health Care series, Health and Health Care Concerns Among Women and Racial and Ethnic Minorities*. The beginning of this chapter will

---

Health and Health Care Concerns among Women and Racial and Ethnic Minorities
Research in the Sociology of Health Care, Volume 35, 3–10

ISSN: 0275-4959/doi:10.1108/S0275-495920170000035001

review some of the more important material about women, gender, and health and health care and racial and ethnic minorities. The second part of this chapter will review the overall contents of the volume and the structure of the volume.

WOMEN, GENDER, AND HEALTH AND HEALTH CARE

Throughout the 20th century and into the new century, an important feature of mortality trends has been that women live longer than men (Rieker, Bird, & Lang, 2010). This was not always true in the more distant past. At one point in time, binary approaches to differences in health between men and women often tried to determine which was the weaker sex or which gender was more advantaged. Part of the complexity is that although women have better mortality experiences, they have higher morbidity rates and in later years of life report a diminished quality of life (National Center for Health Statistics, 2009). Understanding these differences is complex, as there are some variations across countries and other social factors. One of the most important of these is socioeconomic status and another is racial and ethnic differences. Altogether, these also impact differences between men and women both in the United States and in many other countries in the world.

One approach to understanding of differences between men and women in health and health outcomes is the constrained choice model developed by Bird and Rieker (2008) in their book, entitled *Gender and Health*. In this multilevel model, they conclude health is not only an individual responsibility but is also one shared by decision makers at multiple levels. The model argues that individuals make everyday choices that create health outcomes. These choices are made within the context of family, employment settings, and community. There is also a relationship with biological processes, such as stress responses, and all these go together to create health outcomes, both morbidity and mortality.

A different review article has examined gender and health care (Anspach, 2010). This review points out that the health-care system is a deeply gendered institution, and because of that, it often impacts men and women differently. They also note, as have many other authors, that women are more likely to seek medical treatment than men, and because of this, they become the principal consumers of health care. Often the care women receive is somewhat different from what men receive, and documenting these types of differences was an important topic of research as part of the resurgence of the feminist movement in the 1960s and 1970s in the United States, with many researchers pointing out that definitions of health and illness are impacted by social context including in the past differences in providers with nurses generally being women and physicians more often being men. This has changed greatly in the United States in the past 30 years, so that there are now many more women physicians, although nursing is still very heavily a female dominated field.

In addition to differences by gender in providers of care, differences have been noted in communication styles between men and women providers and linked also to the sex of patients. For some health problems, especially cardiovascular problems, women have been treated less aggressively than men (Lutfey & McKinlay, 2009). Some of this stems from an older, now discredited idea that heart disease is more important for men than for women. Other factors are that some procedures have been viewed as more risky for women, women often present with different symptoms and other cultural assumptions about gender and disease (Anspach, 2010). Importantly, in the past few decades, research on gender and health care has been modifying away from an exclusive focus on gender to broadening the approach to include the intersection of gender with race, class, and other forms of inequality. The constrained choice model already discussed is one example of this type of work. The chapters in this volume in many cases help to contribute to these more complex understandings of issues of gender, often linked in with other social factors such as social class and race/ethnicity.

RACE AND ETHNICITY

In the early years of sociology within the United States, there was a major focus both on social class differences, to the extent that data were available and to an early consideration of both racial and ethnic issues within the United States. From a health care and medical sociology perspective, these types of differences in recent years have become redefined as disparities with the growth of federal government efforts in health, and there has been more focus on race/ethnicity. I have already discussed some of this material in greater depth in an earlier volume within this series (Kronenfeld, 2012). If studies focus on race/ethnicity and ignore social class issues, it is too easy to conclude that differences are linked either specifically to race/ethnicity or even to biological differences that may be linked to race and ethnicity (Issacs & Schroeder, 2004).

In a review article, Takeuchi, Walton, and Leung (2010) argue that there is an important role played by segregation as a social process. It contributes to differential exposure to many particular environments and contexts and these different opportunity structures and community structures may influence health by shaping social processes. Similarly, a recent review article about the Hispanic paradox by Dubowitz, Bates, and Acevado-Garcia (2010) points out how the sociopolitical context and patterns of migration contribute to health and to the paradox that Hispanics/Latinas have higher life expectancies than would be expected based on their higher representation among the poor. The more factors researchers consider in trying to understand the complexity between health differences, immigration, race/ethnicity, and socioeconomic status, the more confusing and conflicting results researchers sometimes find.

Perhaps some of the studies in this volume will add to better understanding as well as the growing complexity of this confusing literature along with the literature on sex and gender within health and health care.

REVIEW OF CONTENTS OF THE VOLUME

This volume is divided into four sections. The first section is the introduction to this volume and contains only this chapter. The second section is on women and reproductive related health and health care concerns and includes four chapters related to this topic. In the first chapter, Freidson and coauthors Arthur and Burger examine the relationship of pregnancy intentions to breastfeeding duration. They point out that previous research has found that whether pregnancies are wanted, unwanted, or mistimed influence breastfeeding behavior. Using national survey data from the United States, they find that pregnancy timing matters most for sustaining breastfeeding for durations past 6 months and that differences in rates of breastfeeding discontinuation between mothers with wanted, unwanted, and mistimed pregnancies are most pronounced in the 3–7 months post-partum period. In addition, they find that Medicaid recipients (but not non-recipients) are less likely to exclusively breastfeed for 6 months when their pregnancies are mistimed. In the next chapter in this section, Kimport and Rowland discuss insurance in abortion care and the role of poverty. They point out that, partly due to legal restriction on insurance coverage, most women seeking abortions pay out-of-pocket for care. Because most abortion patients are low income, these costs can constitute a hardship. They interviewed 22 abortion facility administrators, representing 64 clinical sites in 21 states that varied in their legal allowance of public and private insurance coverage for abortion, about their facility's insurance practices and experiences. Accepting private insurance carried risks, including non-payment because costs fell within patients' deductibles. Different facilities used workarounds to protect their facility from non-payment and enable patients to use their private insurance. The third chapter in this section looks at the patient–health-care worker relationship and how it affects patient views toward vaccination during pregnancy. Wilson and her coauthors use the theory of relational autonomy with its emphasis that persons are socially embedded, with decisions being made within social relationships, to explore how the health-care professional–patient relationship can affect pregnant women's decisions to accept pertussis and influenza vaccines. They conducted in-depth interviews with 40 pregnant and recently pregnant women, as well as 10 health-care professional within the National Health Service (NHS) in Great Britain. Their findings indicate that advice from friends and family can greatly influence a pregnant woman's vaccination decisions. If close relationships with patients are formed, health-care professional advice is more likely to be trusted.

With support from health-care professionals, patients feel competent, empowered to make the right decision, and are more likely to vaccinate. The last chapter in this section examines a different reproductive health concern, health-seeking behaviors for infertility. This chapter by Weller also looks at insurance coverage for infertility and examines state-level mandates for this within the United States. The behavioral model of health services utilization is used in this chapter to examine the relationship between state-level mandates that insurance providers cover infertility service on the rates of health seeking behaviors (HSB) for infertility among a nationally representative sample of women. Fifteen US states have such mandates. The rates of health-seeking behaviors for infertility were higher among women residing in states with state-level mandates.

The third section in this volume includes three chapters related to health care practitioners and health and health care. In the first chapter, Naiman-Sessions and her colleagues examine emotional burnout among maternity support workers. They use data from a study of about 800 labor and delivery nurses in the United States and Canada, along with around 1200 doulas in the same locations. Multivariate ordinary least squares (OLS) regression models examine the effects of work—family conflict, overwork, emotional intelligence, witnessing unethical mistreatment of women in labor, and practice characteristics on emotional burnout. Work—family conflict, feelings of overwork, witnessing a higher frequency of unethical mistreatment, and working in a hospital with a larger percentage of cesarean deliveries are associated with higher levels of burnout among master's of social works (MSWs). Higher emotional intelligence is associated with lower levels of burnout, and the availability of hospital wellness programs is associated with less burnout among L&D nurses. In the second chapter, Chaufan, Hong, and Fernandez examine how clinicians make sense of structural barriers to diabetes care among US Latinos with limited English proficiency (LEP). The chapter focuses on how clinicians assisting low-income US Latino patients with diabetes and LEP made sense of language-discordant care in the context of the social determination of health. They interviewed 14 physicians in an urban teaching hospital. Participants believed that language barriers undermine the quality of the clinical encounter and diabetes outcomes, were eager to serve disadvantaged patients, and were well-schooled in the social determination of health and its role in diabetes inequalities. The last chapter in this section by Anderson looks at racial residential segregation and the distribution of auxiliary health-care practitioners across urban space. They point out that recent studies have shown inequities in the distribution of a wide variety of health-related organizations across urban neighborhoods, but relatively little attention has been given to the distribution of health-care facilities in particular. The chapter considers how segregation is related to the distribution of several auxiliary health-care practitioners in a series of spatial regression models of zip codes across the United States using data from the 2010 U.S. Census and County Business Patterns. She finds that both Black and Latino segregation are negatively related to the density of a number of auxiliary health-care practitioners, including mental health providers, dentists, physical/occupational/speech therapists, chiropractors, optometrists, podiatrists, and miscellaneous health-care practitioners. However, this association is reduced (in certain instances to non-significance) with the inclusion of socioeconomic indicators, chiefly the percent of college educated individuals and the unemployment rate of the zip code. This association is reduced for both Black and Latino segregation, with a larger reduction in the size of the effects for Latino segregation.

The last section in this volume has six chapters, all related to racial and ethnic minorities and health and health care. One focuses on Black men, one on Asian Americans, and one on Mexican Americans, while the other chapters look across some racial and/or ethnic differences. The first chapter by Szaflarski and her colleagues examines issues of nativity, race–ethnicity, and dual diagnosis among US adults. This chapter investigates disparities in dual diagnosis (comorbid substance-use and depressive/anxiety disorders) among US adults by nativity and racial–ethnic origin and socioeconomic, cultural, and psychosocial factors that may account for the observed disparities using two waves of the National Epidemiological Survey on Alcohol and Related Conditions. Racial–ethnic categories included African, Asian/Pacific Islander, European, Mexican, Puerto Rican, and other Hispanic/Latino. Substance-use and depressive/anxiety disorders were assessed per diagnostic and statistical manual-VI (DSM-VI). The prevalence of dual diagnosis was low but varied by nativity, with the highest rates among Europeans and Puerto-Ricans born in US states, and the lowest among Mexicans and Asians/Pacific Islanders. The nativity and racial–ethnic effects on likelihood of having dual diagnosis remained significant after all adjustments.

In the second chapter by Haile, Rudman, and Magalhaes, the hypertension experiences of Black men are examined. This chapter explores how Black men make sense of their hypertension and how they negotiate this condition within their everyday lives, illuminating how racism and power dynamics embedded within their environments affect their experiences living with hypertension. Critical race theory tenets were used along with a narrative design to obtain stories of hypertension experiences of a small sample of men in Ontario Canada. Participants' experiences with discrimination, isolation, and migration raise awareness of how power relations embedded within social, political, and historical contexts can affect hypertension experiences. The next chapter by Huang discusses the influence of health-care utilization and social characteristics on health outcomes among elderly Asian Americans. Using the Andersen health behavioral model, the chapter examines if there is a reciprocal relationship between health-care utilization and health outcomes, and how social characteristics play their role in this relationship between US born and foreign born elderly Asian Americans with data from the US National Health Interview Survey (NHIS) 1998–2012. Results show a reciprocal relationship between health outcomes and health-care utilization. Also, predisposing characteristics had a direct effect on health outcomes, and enabling resources had an indirect effect on health outcomes via health-care utilization. In addition, living in the West had both direct and indirect effects on health outcomes.

Noah and Landale examine behavioral functioning among Mexican-origin children, with a focus on parental legal status and neighborhood context. Their chapter investigates the influence of parental legal status and neighborhood characteristics on Mexican-origin children's behavioral functioning using a multilevel approach with data from the Los Angeles Family and Neighborhood Study and 2,000 decennial census. The multilevel results show the importance of considering parental legal status. Mexican children of unauthorized mothers are more likely to exhibit internalizing and externalizing problems than all other groups of Mexican children. Furthermore, neighborhood-concentrated disadvantage is significantly associated with internalizing behavior problems, and neighborhood-concentrated affluence is significantly associated with externalizing behavior problems.

The next chapter in this section by Walton and Anthony contextualizes race and ethnic differences in care-seeking. The chapter deals with past data demonstrating that racial and ethnic minorities utilize less health care than their similarly situated White counterparts in the United States, and the speculation that these actions may stem in part from less desire for care. Using data from a 2005 national survey of community-dwelling Medicare beneficiaries ($N = 2{,}138$), they examine racial and ethnic variation in intentions to seek care, grounding analyses in the behavioral model of health-care utilization. They find that Latino, Black, and Native American older adults express greater preferences for seeking health care compared to Whites. Worrying about one's health, having skepticism toward doctors in general, and living in a small city rather than a metropolitan area, but not health need, socioeconomic status, or health-care system characteristics, explain some of the racial and ethnic variation in care-seeking preferences. They show that even after comprehensively accounting for factors known to influence disparities in utilization, elderly racial and ethnic minorities express greater desire to seek care than Whites.

The last chapter in the volume is by Cockerham and colleagues and examines changing patterns of female smoking by comparing workers and full-time homemakers by class, race, and community type in the United States at two points in time, 1979 and 2014. Results show that smoking is most prevalent among homemakers in small communities. This outcome supports earlier studies citing smoking as a major causal factor for the decline in female life expectancy among less-educated White women in certain low-income and rural counties in the United States. The premise that female smoking is strongly associated with the workplace appears to be no longer true. Similarly, Black women in 1979 had 67% higher odds of smoking, but by 2014 they had 49% lower odds of smoking showing a significant racial reversal in cigarette use. This suggests Black women have been more receptive than White women to smoking avoidance and cessation over time.

REFERENCES

Anspach, R. R. (2010). Gender and health care. In C. E. Bird, P. Conrad, A. M. Fremont, & S. Timmermans (Eds.), *Handbook of medical sociology* (5th ed.). Nashville, TN: Vanderbilt University Press.

Bird, C. E., & Rieker, P. R. (2008). *Gender and health: The effects of constrained choices and social policies*. New York, NY: Cambridge University Press.

Dubowitz, T., Bates, L. M., & Acevado-Garcia, D. (2010). The Latino health paradox: Looking at the intersectionality of sociology and health. In C. E. Bird, P. Conrad, A. M. Fremont, & S. Timmermans (Eds.), *Handbook of medical sociology* (5th ed.). Nashville, TN: Vanderbilt University Press.

Issacs, S. L., & Schroeder, S. A. (2004). Class – The ignored determinant of the nation's health. *New England Journal of Medicine*, *351*(11), 1137–1142.

Kronenfeld, J. J. (2012). Health care system issues and race/ethnicity, immigration, SES and gender as sociological issues linking to health and health care. In J. J. Kronenfeld (Ed.), *Issues in health and health care related to race/ethnicity, immigration, SES and gender. Research in the Sociology of Health Care* (Vol. 30). London, UK: Emerald Press.

Lutfey, K. E., & McKinlay, J. B. (2009). What happens along the diagnostic pathways to CHD treatment? Qualitative results concerning cognitive processes. *Sociology of Health and Illness*, *31*(7), 1077–1092.

National Center for Health Statistics (NCHS). (2009). *Health, United States, 2008, with chartbook*. Hyattsville, MD: NCHS.

Rieker, P. R., Bird, C. E., & Lang, M. E. (2010). Understanding gender and health: Old patterns, new trends and future directions. In C. E. Bird, P. Conrad, A.M. Fremont, & S. Timmermans (Eds.), *Handbook of medical sociology* (5th ed.). Nashville, TN: Vanderbilt University Press.

Takeuchi, D. T., Walton, E., & Leung, M. (2010). Race, social contexts and health: Examining geographic spaces and places. In C. E. Bird, P. Conrad, A. M. Fremont, & S. Timmermans (Eds.), *Handbook of medical sociology* (5th ed.). Nashville, TN: Vanderbilt University Press.