Health equity is realized when each individual has a fair opportunity to achieve their full health potential, regardless of their social, economic, demographic or other differences (World Health Organization, 2017). Reducing health inequities or disparities requires ensuring equity in access, treatments, and outcomes. Black patients who have a Black physician have increased trust in their health care providers (Journal of Racial Ethnic Health Disparities, 2019), but only 3% of physicians in California are Black, where 6% of the state population is Black (California Health Care Foundation Health Care Almanac, 2019). The rate of Black infant mortality continues to be two times higher than for all California infants (California Health Care Foundation Health Care Almanac, 2019). Community stories highlight stark disparities and fundamental barriers in accessing care. The key findings and recommendations from community focus groups can address disparities and improve health care quality for all Californians.

Improving access to care

- Black women shared how difficult it is to get the information they needed about their health care providers, “the information online is so vague.”
- Health plan member handbooks are difficult to use, “kind of overwhelming sometimes...every year, it’s like a textbook, and I may only go over one or two sections.”

“I’m concerned about my health yet the system is so hard to navigate; medical groups are too confusing, which to choose.” – Focus group participant

RECOMMENDATIONS

- Provide more accessible and user-friendly Information about health care providers.
- Increase the availability of health navigators, community health workers, and peer support to assist community members in accessing the health care they need.
Improving experiences with providers

● Black women don’t feel respected by their health care providers, so there is a lack of trust.
● Black women shared how they weren’t listened to, “my doctor didn’t like me asking questions.”
● Without trust, there is a lack of communication and understanding, “my doctor told me to google my illness instead of explaining it.”
● Black women should have providers that understand their needs, “my doctor should know that our community is diverse and have different needs.”

“It doesn’t feel like I’m taken care of, and I feel like a transaction. Paying money is a transaction but I am a person.”
– Focus group participant

RECOMMENDATIONS

● Increase the racial and ethnic diversity of health care providers.
● Provide training to health care providers in patient- and family-centered care, cultural competency, implicit bias, and trauma-informed care

METHODOLOGY

CPEHN and Black Women for Wellness partnered in 2019 to learn more about the experiences of African American individuals and caregivers in accessing quality, culturally and linguistically appropriate care. Black Women for Wellness recruited African American community members living in Los Angeles. Participants had health coverage, used or had a family member who had used health care in the past year, were over 18 years old, self-identified as African American, and were available to participate at the designated time and place of the focus group.

California Pan-Ethnic Health Network - www.cpehn.org
Black Women for Wellness - www.bwwla.org

Supported by the California Health Care Foundation (CHCF), which works to ensure that people have access to the care they need, when they need it, at a price they can afford – www.chcf.org

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