

**Black Women's Health Research:
Policy Implications**

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Introduction

In June 1998, Ann McCabe, Health Services Manager, Women's Programs, IWK Grace Health Centre contracted with Iona Crawley, consultant, to undertake a policy development project.

The women interviewed were Black women mainly from rural communities of the Halifax Regional Municipality, Nova Scotia. Interviewed also were women from Halifax. An effort was made not to duplicate the work being carried out by the Black Women's Health Group, North End Halifax.

The number one question asked by the women was why there is no known research on the health care of Black Nova Scotian women. Nova Scotia is home to the largest and is one of the oldest indigenous Black populations in Canada. Blacks first entered Nova Scotia in 1605, and still remain in 1998, without any statistics on our health needs. They discussed that during the early years, we used herbal medicines, had midwives for child birth and looked after each other. However, over the years, our young people have had to move to urban areas for employment, which made us vulnerable for several diseases and relying on the medical professionals. The health care professionals have not understood our health needs, therefore, the health care we received has been poorly presented.

There has been an increase in cancer cases in our communities, especially breast, lung and prostate cancer. The causes of this increase is unknown. It has been highly recommended that a comprehensive study be completed to answer some of the questions surrounding the health needs of Black women.

Executive Summary

The project consultant identified women in Metro Halifax, who were interviewed between June and October 1998. The consultant reviewed research materials available on Black Canadian women. It is unfortunate there are only three studies completed on Black Nova Scotian women, and all studies were held in the Halifax Metro area. Seventy percent of all women interviewed stated that poor health conditions of Black women contributed to the early mortality rate.

We have included information from three studies on African American women, which consisted of materials mainly on breast cancer. The latest statistics show that the rate of breast cancer in African American women has increased by 2.6%. This, I believe, would be the same for African Canadian women.

Objective

The objective of this project was to interview Black women in the Metro Halifax area on topics pertaining to their health care and needs.

The consultant conducted this research through interviews, focus groups and questionnaires. The focus was on the rural Black communities of Metro Halifax, in order not to duplicate the work being completed by the Black Women's Health Group, North End Halifax.

In focus group sessions discussions centred around the following:

- Why don't Black women access the IWK Grace Well Women's Clinic?
- What services should the clinic provide for Black women?
- Are they aware of any available research on Black Canadian women?
- What are the gaps in health care for Black women?
- What priorities do they have as it pertains to their health care?
- What recommendations would they have for future studies, health care and the specific needs of Black women?

Several other topics were discussed including violence of Black women, the level of stress that Black women have, depression and mental health care.

Gaps in Black Women's Health

The information was collected by interviews, focus groups and questionnaires. The women were asked specific questions concerning their health needs and services available to them.

The following gaps in services were identified:

- lack of programs in education on health issues and needs for the Black community
- lack of Black professionals being employed in the health field
- lack of programs for young Black women
- lack of dental health for adults
- lack of nutritional education and fitness program in the Black community
- lack of pre-natal programs for young women in or close to the community
- lack of research on African Canadian women's health
- lack of breast cancer screening and support groups in the Black community
- lack of understanding by health professionals concerning the health needs of Black women, physically, socially and mentally, as well as diseases that are common to only people of African decent
- lack of affordable daycare for single and low income parents
- lack of home care training for caregivers in the community, given the increase in the aging population in the Black community.

Well Women's Clinic, IWK Grace Health Centre

The women surveyed listed the following reasons why they do not use the clinic:

- 70% of the women interviewed said they did not know the IWK Grace Health Centre had a Well Women's Clinic
- 20% stated that transportation would be their reason for not attending the clinic
- Most of the women also asked if there were Blacks employed at the clinic. They would feel uncomfortable in attending if there were no people of colour employed.
- 2% said they had already attended the clinic. Most were professional women.

The Well Women's Clinic could assist Black women by:

- providing workshops and clinics in the rural communities
- informing the women about workshops being held on health
- informing them about the role and purpose of the clinic
- setting up a Well Women's Clinic closer to the community
- assisting Black women to learn more about women's health, both physical and mental
- providing an outreach program with the rural Black community, which would educate and inform Black women.

Review of Research Material on Black Women's Health

The consultant has reviewed available research as it pertains to Canadian Black women.

The following is a sampling from the three studies that have been completed:

- Research on breast cancer in Black women in areas of Preston, Halifax and Guysborough, Nova Scotia. The findings of the study, which was completed for the Atlantic Breast Cancer Information Project, concluded that 7 out of 10 women surveyed did not have a clinical breast examination, a mammogram or perform regular breast self-examinations. The main objective of this project was to develop a communication package for women of colour. The communication package was completed, which included pamphlets, posters and recommendations on breast health. This project was conducted by Iona Crawley, with the Canadian Cancer Society, Nova Scotia Division. There is an urgent need to have a needs assessment on Black women's health, was the number one recommendation.
- The Black Women's Health Group, North End Halifax, held workshops/information sessions and interviews which recommended research is needed throughout Nova Scotia on the health needs of Black women. The women in this group identified several barriers affecting Black women's health. The women, under the direction of Rose Fraser and Tammy Reddick, held information sessions which included topics of concern to Black women (i.e., physical, social and mental health).
- The Women's Health Needs Assessment held focus groups and interviews with Black women. They concluded that Black women believed their physical and emotional health is affected by their community. There are many single mothers, who identified a lack of daycare, male role models, emotional and financial support. Pre-natal teaching, parenting skills and daycare facilities were all important issues. Care of a large senior population, who have many emotional needs, is a concern. Services are limited because of the geography, financial costs and lack of child care. Health care professionals, particularly doctors, are rushed. Women need more information about prescriptions. Black women suggested that their caregivers should preferably be Black, and that all health care professionals be sensitive to Black issues and cultures.

The consultant reviewed three studies on the health needs of African American women. The following is a sampling from these studies:

- Black American women get breast cancer at a slightly lower rate than White women, but they are two times more likely to be diagnosed at a later stage of the disease. The mortality rate for Black women is almost 15% higher than White women. Black American/Canadian women are also more likely to develop breast cancer under age 40. However, the majority of cancer continues to be over 50. Research has shown that tumors in Black women are more aggressive and slightly less likely to be estrogen-

sensitive than those of women of other races. The largest causes of death among African American women are heart disease and breast cancer.

- In a recent study by the Celebrating Life Foundation (Dallas, Texas), they found since 1989 that the overall deaths from breast cancer are down 5%. However, in the African American female population, the death rate is up 2.6%. These numbers could also be true for Black Canadian women. Many Black American women develop breast cancer much earlier; some have been diagnosed in their early 20's.
- Women's Health Journal study provided an overview of and insights into the major social, cultural and structural variables that play a role in Black women's poor health, and differential morbidity and mortality. They focused on the major threats to Black women's health such as diabetes, obesity, cancer, violence and AIDS, and utilized a wide range of qualitative and quantitative methods. The issue redressed the long overdue neglect of Black women's health. It suggested future research was necessary for a comprehensive investigation of Black women's health.

Publications and Funding

There is a need for publications on health care for Black women. These publications must include information on such topics as breast and cervical cancer, sickle cell, birth control, nutrition, ovarian cancer, menopause, hypertension, arthritis, AIDS, depression, lupus, and other forms of diseases that are common to Black women. These publications must be written in plain language, keeping in mind the educational levels of all women. They must also be culturally sensitive to include Black women.

It is very important that funding be made available to Black women to conduct their own research. This funding must be adequate enough to allow for a comprehensive study and needs assessment on Black women's health care.

Maritime Centre of Excellence for Women's Health (MCEWH) Initiative: Creating Linkages

- Creating linkages between and among stakeholders is considered important to the work of the MCEWH Black women's health initiative for a variety of reasons: networking with Black women, dissemination of information, access to resources, and garnering input about informational needs.
- Creating and using a community development approach is critical in building successful partnerships and having the community develop a sense of ownership.
- Provide a mechanism to disseminate printed material, create a database, develop written and audio-visual materials, holding forums, and acting as a clearinghouse.
- MCEWH could make available funding to employ a liaison officer to work with the Black community through the Women's Program, IWK Grace Health Centre. This officer would develop and conduct workshops on health topics, support to Black women, direct and/or conduct research, maintain regular contact with Black women, and other needs as they arise. This officer would form the necessary linkage between MCEWH and the Black Nova Scotian community.

Recommendations

- That Well Women's Clinics be held near or in the rural Black communities, with as many health professionals from the Black community as possible.
- Educate members of the community to deal with health problems when they occur.
- Provide funding for a needs assessment on the health care of Black women.
- Include Black women from the rural communities in decision-making policies.
- Assist Black women to secure funding for a comprehensive research project in the Black Nova Scotian communities on health care.
- Provide workshops and seminars on health care near or in the Black communities.
- Develop a networking system between the IWK Grace Health Centre, MCEWH Black women's health initiative, and the Black community of Nova Scotia.
- Organize an advisory committee of Black women from the rural communities to direct research and educational programs for the Black Nova Scotian community.
- Funding be secured to employ a Health Liaison Officer to work with Black women, mainly in the rural communities. The Health Liaison Officer would work closely with the IWK Grace Health Centre's Women's Program and MCEWH.

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