

Inequities in Arthritis Care in Canada: An intersectional analysis of BIPOC women

Ellen Wang, Anita W.C. Chan ; Kelly S.F. Lendvoy, Mario Canseco, Eric C. Sayre, Cheryl L. Koehn, Terri-Lynn Fox [Aai'piihkwikomotaakii]





EULAR 2023 Milan – June 2nd 2023 at 13:30pm CEST



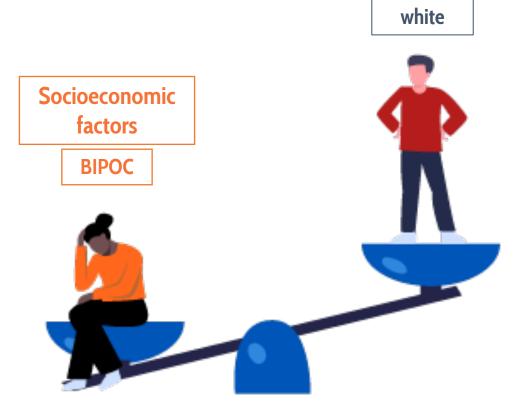
DISCLOSURES



Ellen Wang, contract employee, Arthritis Consumer Experts Anita W.C. Chan, employee, Arthritis Consumer Experts Kelly S.F. Lendvoy, employee, Arthritis Consumer Experts Mario Canseco, independent contractor, Research Co. **Eric C. Sayre**, independent contractor, Eric C. Sayre **Cheryl L. Koehn**, employee, Arthritis Consumer Experts **Terri-Lynn Fox**, independent contractor, Fox Wellness Consulting

Understanding Health Inequities

(Carter et al., 2017; Bowleg, 2012)



Objective

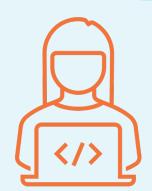
Identify the drivers of access to and benefits from health care services for Black, Indigenous and Person of Colour (BIPOC) respondents vs. white respondents who identified as **women**

Methods

33-question online Survey (Aug 2-19, 2022)

English and French

- Socioeconomic factors
- Barriers to access
- Interactions with health care providers (HCPs)
- Unfavorable experiences
- Information seeking habits



Analysis

Subgroups and aggregate

Chi-square tests

Categorized intersectional position

- Gender
- Ethnicity



	women	men
BIPOC	BIPOC women	BIPOC men
WHITE	white women	white men

6

Re	esults			
	1,249 respondents 732 women (59%) 163 BIPOC (22%)			
	∭ ∭ 39 Black	0 ∭ 58 Indigenous	0 ∬ ∭ 86 POC	

Barriers to access

All women (vs. men)

- Travel 29% (vs. 19%)
- Previous unpleasant experiences 18% (vs. 10%)
 BIPOC women (vs. white women)
- Overall 68% (vs. 56%)
- Time 40% (vs. 30%)
- Language 21% (vs. 5%)

Interactions with HCPs

BIPOC women (vs. white women) were LESS comfortable asking about

- Medications 27% (vs. 39%)
- **Discomfort 30% (vs. 43%)**
- Pain 39% (vs. 50%)



Black woman living with rheumatoid arthritis:

66 I stopped seeing my rheumatologist because she didn't listen to me and frankly I found her rude. **??**

Gender based discrimination

- BIPOC women (14%)
- White women (7%)
- White men (2%)



Ethnicity based discrimination

- BIPOC women (8.7%)
- White women (1.2%)
- Indigenous women (19.6%)

Information seeking habits

BIPOC (vs. white) more often turn to



• Family, friends, coworkers, Traditional Healers & Elders

BIPOC women (vs. white women) were LESS trusting of



- Patient organizations 11% (vs. 21%)
- Official public health websites 55% (vs. 70%)

Limitations

1. Design - Online Surveys

2. Sample - High socioeconomic status

3. Analysis - Interaction effects

(Andrasik et al. 2021, Sue & Ritter, 2012)

13

BIPOC Women experienced....

- unique and disproportionate barriers
- complex experiences of discrimination

Organizational and system level solutions are needed!

Sincere thanks to our survey respondents!





References

Andrasik, M. P., Broder, G. B., Wallace, S. E., Chaturvedi, R., Michael, N. L., Bock, S., ... & Mensah, G. A. (2021). Increasing Black, Indigenous and People of Color participation in clinical trials through community engagement and recruitment goal establishment. PloS one, 16(10), <u>https://doi.org/10.1093/ae/tmaa037</u>

Bowleg L. The problem with the phrase women and minorities: Intersectionality-an important theoretical framework for public health. *Am J Public Health*. 2012;102(7):1267-1273. <u>https://doi.org/10.2105/AJPH.2012.300750</u>

Carter RT, Lau MY, Johnson V, Kirkinis K. Racial Discrimination and Health Outcomes Among Racial/Ethnic Minorities: A Meta-Analytic Review. J Multicult Couns Devel. 2017;45(4):232-259. <u>https://doi.org/10.1002/JMCD.12076</u>

Guan, A., Thomas, M., Vittinghoff, E., Bowleg, L., Mangurian, C., & Wesson, P. (2021). An investigation of quantitative methods for assessing intersectionality in health research: A systematic review. SSM - population health, 16, 100977. https://doi.org/10.1016/j.ssmph.2021.100977

Sue, V. M., & Ritter, L. A. (2012). Conducting online surveys. Sage.