



## Making the Grade on Women's Health: A National and State-by-State Report Card, 2004

# Fact Sheet: Racial and Ethnic Disparities among U.S. Women

*Making the Grade on Women's Health: A National and State-by-State Report Card* assesses the overall health of women at the national and state levels by examining 34 indicators of women's health status and 67 state policies that can contribute to improving women's health. Below are highlights on the disparities in health care among U.S. women.

### Racial and Ethnic Health Disparities among U.S. Women

The nation is becoming increasingly diverse, with ethnic and racial minorities projected to make up almost half the population by the year 2050. Despite this increasing diversity, the health care system has not kept pace and women of color in the United States often face obstacles in obtaining appropriate health care. Some of these problems may be due to linguistic and logistical barriers, cultural differences, and race and sex-based stereotypes. There are also marked differences in health status among different groups of women of color. This fact sheet compares women of different racial and ethnic groups in their health risk factors; screening, incidence and mortality rates for certain diseases and conditions; issues related to pregnancy; and socioeconomic characteristics.

**White Women:** White women have the lowest rates for unintended pregnancy, maternal mortality, and poverty. They also have the lowest mortality rates for cervical cancer. Moreover, they have the lowest percentage of uninsured women and the highest percentage of those who report engaging in leisure-time physical activity, apart from Pacific Islander women. White women are also the most likely to obtain first trimester prenatal care and mammograms. White women have the highest rates for breast cancer incidence and lung cancer mortality. They have the second highest mortality rates for coronary heart disease and stroke.

**Black Women:** Black women have the highest rate of obtaining Pap smears, the second highest rate for mammograms, and the lowest prevalence of osteoporosis. However, Blacks have the

shortest life expectancy, the highest poverty rate, are least likely to get prenatal care, and are most likely to be obese. Black women fare the worst in mortality rates for coronary heart disease, stroke, and diabetes, and in incidence rates for AIDS and lung cancer. They also have the highest rates of unintended pregnancy, infant mortality, and maternal mortality.

**Hispanic/Latina Women:** Hispanics have the lowest stroke mortality rate. On the other hand, as the second least likely group to have been screened for cervical cancer in the last three years, Hispanics fare worse than other groups of women in cervical cancer incidence and mortality. They have the highest percentage of uninsured women and the second highest AIDS incidence rate. Hispanic women have the highest percentage of no leisure-time physical activity.

**American Indian/Alaskan Native Women:** Native American women have the second lowest stroke mortality rate. However, Native American women fare the worst of all groups for smoking, binge drinking, cirrhosis mortality rate, and violence against them.

**Asian American/Pacific Islander Women:** Asian American women fare best in the preventive health behaviors of avoiding obesity and smoking. Asian American/Pacific Islander women have the lowest incidence rate for AIDS, the lowest infant mortality rate, lowest mortality rates for coronary heart disease and breast cancer, and the second lowest mortality rate for lung cancer. Asian American women are disproportionately affected by cervical cancer and are the least likely to have had a Pap smear within the last three years.

### Top Five Causes of Death among U.S. Women by Race and Ethnicity

(mortality rates per 100,000 population)

White	Black	American Indian/ Alaskan Native	Asian American/ Pacific Islander	Hispanic/Latina
Coronary Heart Disease (151.0)	Coronary Heart Disease (203.9)	Coronary Heart Disease (102.6)	Coronary Heart Disease (91.8)	Coronary Heart Disease (134.4)
Stroke (56.7)	Stroke (75.6)	Diabetes (45.6)	Stroke (49.3)	Stroke (42.6)
Lung Cancer (41.9)	Diabetes (49.2)	Stroke (44.4)	Lung Cancer (19.4)	Diabetes (35.9)
Chronic Lower Respiratory Diseases (39.7)	Lung Cancer (39.6)	Unintentional Injuries (35.0)	Diabetes (16.3)	Influenza and Pneumonia (17.3)
Breast Cancer (26.0)	Breast Cancer (34.8)	Chronic Lower Respiratory Diseases (27.8)	Influenza and Pneumonia (15.0)	Chronic Lower Respiratory Diseases (17.0)

**Source:** National Center for Health Statistics, "Healthy Women: State Trends in Health and Mortality," available at <http://www.cdc.gov/nchs/healthywomen.htm>, accessed January 20, 2004. Rates are three-year averages from 1999-2001. Death rates for all ages include deaths occurring at any age, and are age-adjusted to the U.S. 2000 standard population.

Information in this fact sheet is drawn from *Making the Grade on Women's Health: A National and State-by-State Report Card 2004*, prepared by the National Women's Law Center and Oregon Health & Science University. The full report is available for download or purchase from [www.nwlc.org](http://www.nwlc.org).

## Health Status Indicators for U.S. Women by Race and Ethnicity

Women are more likely to be healthy if they get screenings, reduce or avoid unhealthy behaviors, and have health insurance. The chart below describes these factors by race and ethnicity. It also describes how well each group fares in disease incidences and death. It is interesting to note that for some diseases (for example breast cancer), Black women have a higher death rate than do White women, even though Blacks have a lower incidence rate for breast cancer. Further research needs to be done to determine the reasons for racial and ethnic health disparities among women and the policies that can best eliminate those disparities and improve the health of all women.

	White (All)	Black (All)	American Indian/ Alaskan Native (All)	Asian American / Pacific Islander (All) <sup>1</sup>	Hispanic (All)
<b>Demographic Data</b>					
Population of Females (number) <sup>2,3</sup>	99,802,682	18,728,044	1,470,805	6,380,042	18,752,473
Population of Females (%) <sup>2,3</sup>	68.8	12.9	1.0	4.4	12.9
<b>Risk Factors and Unhealthy Behaviors</b>					
No Leisure-Time Physical Activity (%) <sup>2,3</sup>	38.3	55.1	55.5	42.6/27.1	57.5
Obese (%) <sup>6,5</sup>	19.8	34.9	29.7	6.2/23.9	25.5
Smokers (%) <sup>7,5</sup>	22.2	19.5	34.5	6.7/26.8	10.6
Binge Drinkers (%) <sup>8,5</sup>	12.9	5.5	17.3	4.2/14.7	6.8
<b>Diseases and Conditions<sup>9</sup></b>					
<b>Cardiovascular Health</b>					
Coronary Heart Disease Mortality Rate	151.0	203.9	102.6	91.8	134.4
Stroke Mortality Rate	56.7	75.6	44.4	49.3	42.6
<b>Lung Cancer</b>					
Lung Cancer Incidence Rate <sup>10</sup>	51.9	54.8	23.4	28.4	24.4
Lung Cancer Mortality Rate	41.9	39.6	26.8	19.4	14.7
<b>Breast Cancer</b>					
Mammograms (%) <sup>10,11</sup>	72.1	68.2	52.0	57.0	62.6
Breast Cancer Incidence Rate <sup>10</sup>	140.8	121.7	58.0	97.2	89.8
Breast Cancer Mortality Rate	26.0	34.8	13.5	12.7	16.7
<b>Cervical Cancer</b>					
Pap Smears (%) <sup>10,12</sup>	83.9	85.5	78.4	68.2	77.9
Cervical Cancer Incidence Rate <sup>10</sup>	9.2	12.4	6.9	10.2	16.8
Cervical Cancer Mortality Rate <sup>10</sup>	2.7	5.9	2.9	2.9	3.7
Diabetes Mortality Rate	20.4	49.2	45.6	16.3	35.9
AIDS Incidence Rate <sup>13</sup>	2.4 <sup>3</sup>	47.8 <sup>3</sup>	4.9	1.5	12.9
<b>Reproductive Health</b>					
Unintended Pregnancies (%) <sup>14</sup>	42.9	72.3			48.6
First Trimester Prenatal Care (%) <sup>15</sup>	85.4	75.2			76.7
Infant Mortality <sup>16</sup>	5.7	13.6	9.1	4.8	5.6
Maternal Mortality <sup>17</sup>	5.3	19.3			
<b>Socioeconomic Characteristics</b>					
Uninsured (%) <sup>3,18</sup>	12.0	21.0	27.2	20.3	36.9
Poverty (%) <sup>3,19</sup>	8.8	22.8	21.4	10.0	21.2

### Sources and Notes for Chart:

Unless otherwise noted, data on this chart are from *Making the Grade on Women's Health: A National and State-By-State Report Card* (Washington: National Women's Law Center, 2004, pages 8-9).

<sup>1</sup> If two numbers are presented, the first applies to Asian Americans, the second to Pacific Islanders. Otherwise, data refer to all women classified as Asian/Pacific Islander.

<sup>2</sup> Number and percentage of females of all ages as a percentage of the total civilian, non-institutionalized population, 2002-2003.

<sup>3</sup> No women who were counted as Hispanic were also counted in other groups (e.g., Whites included only non-Hispanic Whites).

<sup>4</sup> No leisure-time light, moderate, or vigorous physical activity, 1999-2001.

<sup>5</sup> Charlotte Schoenborn and others, National Center for Health Statistics, *Health Behaviors of Adults: United States, 1999-2001* (Hyattsville: U.S. Department of Health and Human Services, February 2004), 68 (citing National Health Interview Survey, women age 18 and older in all groups except U.S. overall, age-adjusted to 2000 U.S. standard population).

<sup>6</sup> Body Mass Index (BMI) greater than 30 kg/m<sup>2</sup>; age 20 and older, 1999-2001.

<sup>7</sup> Women age 18 and older who report having smoked at least 100 cigarettes in their lifetime and smoking currently (every day or only some days), 1999-2001.

<sup>8</sup> Five or more drinks in one day at least once within the past year, 1999-2001.

<sup>9</sup> Unless otherwise indicated, incidence and mortality rates are per 100,000 women of all ages, averaged from 1999-2001, and age-adjusted to the 2000 U.S. standard population.

<sup>10</sup> American Cancer Society, *Cancer Facts and Figures 2004* (Atlanta: American Cancer Society, 2004), 23-28 (citing National Health Interview Survey 2000, National Center for Health Statistics), age-adjusted to the 2000 U.S. population; citing SEER Cancer Statistics Review, 1975-2000, National Cancer Institute, available at [http://seer.cancer.gov/csr/1975\\_2000/results\\_merged/topic\\_race\\_ethnicity.pdf](http://seer.cancer.gov/csr/1975_2000/results_merged/topic_race_ethnicity.pdf), accessed April 1, 2004, rates per 100,000 population, 1996-2000, and age-adjusted to the 2000 U.S. standard population. Incidence data are from the 12 SEER areas: San Francisco, Connecticut, Detroit, Hawaii, Iowa, New Mexico, Seattle, Utah, Atlanta, San Jose-Monterey, Los Angeles, and Alaskan Native Registry. Mortality data are from all states except Connecticut, Oklahoma, New York, and New Hampshire.

<sup>11</sup> Mammography prevalence in women age 40 and older (within 2 years), 2000.

<sup>12</sup> Pap test in women age 18 and older (within 3 years), 2000.

<sup>13</sup> Female adult/adolescent (age 13 and older) annual AIDS rates per 100,000, for cases reported in 2000.

<sup>14</sup> Women ages 15-44 who had an unintended pregnancy in 1994.

<sup>15</sup> Mothers who reported on their child's birth certificate that they received prenatal care in the first trimester of pregnancy (2002).

<sup>16</sup> Per 1,000 live births (1999-2001).

<sup>17</sup> Per 100,000 live births (1987-1996).

<sup>18</sup> Women ages 18-64 in the non-institutionalized civilian population who report that they do not have health insurance (2001-2002).

<sup>19</sup> Women age 18 and older whose family income level falls below the federal poverty threshold (2001-2002).