

# PROGRAM BRIEF

## Health Care for Minority Women

Agency for Healthcare Research and Quality



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AHRQ is the lead agency charged with supporting research designed to improve the quality of health care, reduce its cost, address patient safety and medical errors, and broaden access to essential services. AHRQ sponsors and conducts research that provides evidence-based information on health care outcomes; quality; and cost, use, and access.

The information helps health care decisionmakers—patients and clinicians, health system leaders, and policymakers—make more informed decisions and improve the quality of health care services.



U.S. Department of Health  
and Human Services  
Public Health Service

### Introduction

Life expectancy for women of all races has nearly doubled over the past 100 years, from 48 in 1900 to 79.5 in 2000, yet minority women continue to lag about 5 years behind white women in life expectancy. For example, in the year 2000 white women could expect to live to age 80 compared with 74.9 for black women.

Minority women continue to fare worse than white women in terms of health status, rates of disability, and mortality. For some conditions, the disparities are growing, despite new technologies and other advances that have been made in recent years.

For example, about one black woman in four over 55 years of age has diabetes. The prevalence of diabetes is at least two to four times as high among black, Hispanic, American Indian, and Asian Pacific Islander women as it is among white women. Although breast cancer mortality declined 3.4 percent between 1995 and 1998, the decline was much greater among white women than among black women. Black women with breast cancer are less likely than white women to survive 5 years: 72 vs. 87 percent. In addition, high blood pressure, lupus, and HIV/AIDS disproportionately affect women of color.

According to the Centers for Disease Control and Prevention, a patient's self-assessment of health is a reliable indicator of health and well being. When asked about their health status, minorities are more likely than whites to characterize their health status as fair. Nearly 17 percent of Hispanic women and more than 15 percent of black women say they are in fair or poor health, compared with 11 percent of white women. Compared with men, women of all races are more likely to be in fair or poor health.

Adequate access to health care services can have a significant effect on health care use and health outcomes. Lack of health insurance is a barrier to receiving services. Compared with white women, black women are twice as likely and Hispanic women are nearly three times as likely to be uninsured. Furthermore, blacks and Hispanics are much more likely than whites to lack a usual source of care and to encounter other difficulties in obtaining needed care.

### Improving Health Care for Women of Color

Research on women's health, particularly the health of minority women, is a priority area for the Agency for Healthcare Research and Quality (AHRQ). AHRQ-supported



investigators are seeking ways to narrow the gaps and ensure that women of all races receive high-quality health care.

Examples of AHRQ research on health care for minority women are presented here. Each description includes the principal investigator, performing institution, and AHRQ grant or contract number. See page 7 to learn how you can get more information or obtain copies of articles marked with an asterisk (\*).

### Cardiovascular Disease

The age-adjusted death rate for coronary heart disease for the total population declined by 20 percent from 1987 to 1995. For blacks, the overall decrease was only 13 percent. Compared with rates for whites, coronary heart disease mortality was 40 percent lower for Asian Americans but 40 percent higher for blacks in 1995.

High blood pressure and obesity are risk factors for heart disease, diabetes, stroke, and other health problems. Women of color have higher rates of high blood pressure, tend to develop it at an earlier age, and are less likely than white women to receive treatment to control their high blood pressure. According to the Centers for Disease Control and Prevention, between 1988 and 1994, more than 34 percent of non-Hispanic black women in the United States had high blood pressure, compared with 22 percent of Hispanic women and just over 19 percent of white, non-Hispanic women. The age-adjusted prevalence of obesity continues to be higher among black women (53 percent) and Mexican-American women (52 percent) than among white women (34 percent).

### Recent Findings

- *Black women are less likely than other women or men to have access to life-saving therapies for heart attack.*

Most of the 1 million U.S. patients who have heart attacks each year are candidates for reperfusion therapy, either thrombolytic drugs or primary angioplasty. However, only 57 percent of those who are eligible for this treatment actually receive it. Black women are least likely to receive reperfusion therapy (44 percent), followed by black men (50 percent), white women (56 percent), and white men (59 percent). These findings are drawn from the medical records of nearly 27,000 white and black Medicare beneficiaries who were eligible for reperfusion therapy between February 1994 and July 1995. Canto, Allison, Kiefe, et al., *New Engl J Med* 342(15):1094-1100, 2000 (AHRQ grants HS08843 and HS09446).

- *Black women are less likely than others to be referred for cardiac catheterization.*

This study found a substantial reduction in odds of referral for cardiac catheterization for black women versus equivalent odds of referral for white men, black men, and white women. Cardiac catheterization is considered to be the gold standard test for diagnosing coronary artery disease. The study involved 720 primary care doctors and 8 patient actors (2 each black men, black women, white men, and white women) who used the same scripts to report the same symptoms. The actors wore identical gowns, used similar hand gestures, and claimed the same insurance and professions. These findings may reflect subconscious perceptions of physicians about race and sex, according to the researchers.

Schulman, Berlin, Harless, et al., *New Engl J Med* 340:618-626, 1999 (AHRQ grant HS07315).

## Breast and Cervical Cancer Screening and Treatment

Cancer is the second leading cause of death among all American women except Asian/Pacific Islanders for whom it is first. The cancer death rate among blacks (both men and women) is about 35 percent higher than it is for whites.

In 2002, an estimated 203,500 U.S. women were newly diagnosed with breast cancer, and more than 39,000 women died from this disease. Although substantial progress has been made in diagnosing and treating breast cancer, it continues to take a heavy toll, particularly among black women. Between 12 and 29 percent more white women than black women are stricken with breast cancer, yet black women are 28 percent more likely than white women to die from the disease.

Breast cancer survival rates rose slightly among white women over the past two decades, but they declined for black women during the same period. The 5-year breast cancer survival rate is 69 percent for black women, compared with 85 percent for white women.

In 2002, an estimated 13,000 U.S. women were newly diagnosed with invasive cervical cancer, and about 4,100 women died from the disease. Cervical cancer occurs most often among minority women. Vietnamese women in the United States have a cervical cancer incidence rate of 47.3 per 100,000, which is more than five times greater than it is for white women (8.5 per 100,000). Hispanic women also have elevated rates of cervical cancer.

## Research in Progress

- *Examining race, psychosocial factors, and regular mammography use.*

Yale University researchers are studying psychosocial influences on regular use of screening mammography by women of different races. Lisa Calvocoressi, Principal Investigator (AHRQ grant HS11603).

## Recent Findings

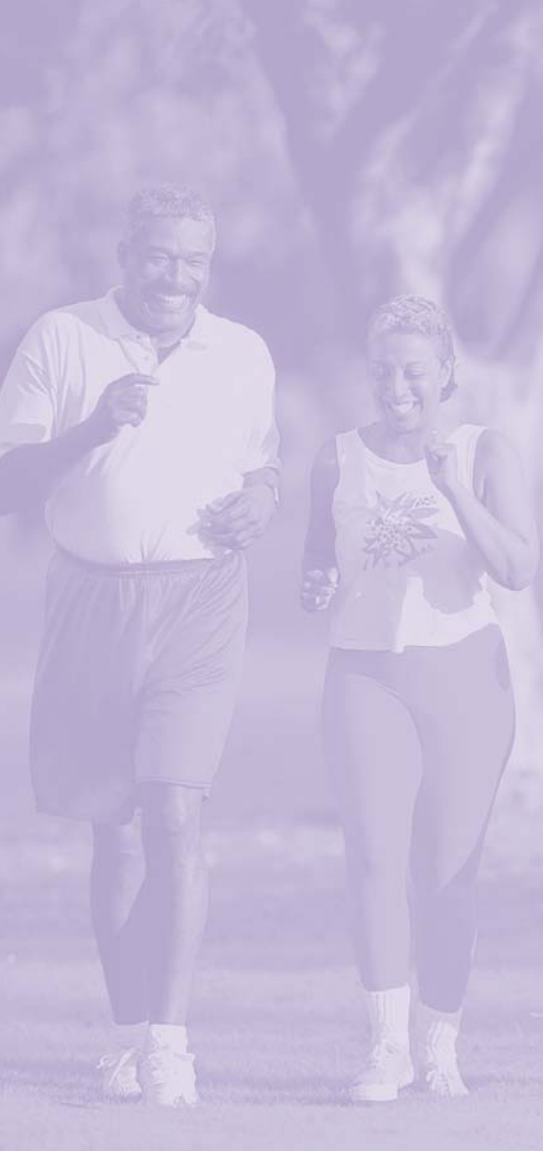
- *Study highlights the role of community programs for outreach to poor and minority women.*

Researchers who examined the cost and cost-effectiveness of the Los Angeles Mammography Program (LAMP) recommend careful consideration of community-based and other approaches outside of the traditional purview of medicine to encourage use of mammography among hard-to-reach women. Also, community and church-based programs should be compared with alternative programs targeting poor and minority women who have limited access to mammography. LAMP, which involved 45 churches and 2 interventions to improve rates of mammography screening, generated 3.24 additional screenings among 56 women. Siegel and Clancy, *Health Serv Res* 35(5):905-909, 2000 (Reprints, AHRQ Publication No. 01-R032).\* (Intramural)

- *Attitudes about mammography affect appointment-keeping.*

Negative attitudes about mammography may play a role in the disproportionate number of breast cancer deaths among black women compared with white women. Knowledge of screening recommendations and access to free mammograms were not enough to get





some low-income black women to keep their mammography appointments. Most of the women who skipped their appointments said they were embarrassed or believed that a mammogram was unnecessary if they did not have symptoms. Crump, Mayberry, Taylor, et al., *J Nat Med Assoc* 92:237-246, 2000 (AHRQ grant HS07400).

- *Breast and cervical cancer screening varies by age among black and Hispanic women.*

According to this study, older black and Hispanic women are less likely to be screened for breast and cervical cancer than their younger counterparts. Regardless of race, women 65 years of age and older were 21 percent less likely than younger women to have ever had a Pap smear. Being over 65 also tended to be an independent but weaker predictor of clinical breast examination. Mandelblatt, Gold, and O'Malley, *Prev Med* 28:418-429, 1999 (AHRQ grant HS08395).

- *Missed appointments are linked to shorter breast cancer survival for black women.*

In this study, nearly four times as many black women as white women missed two or more scheduled appointments before the identification of breast cancer symptoms. This factor nearly tripled the black women's risk of being diagnosed at a later stage. These findings are based on a retrospective review of the clinical records of 246 women receiving care for breast cancer at three health maintenance organizations. Howard, Penchansky, and Brown, *Fam Med* 30(3):228-235, 1998 (AHRQ grant HS06217).

## Low Birthweight/Reproductive Health

Nearly 70 percent of all infant mortality and approximately one-third of all handicapping conditions are associated with low birthweight (less than 2,500 grams, or about 5.2 pounds). Minority women, particularly black women, are at relatively high risk for giving birth to low birthweight infants, both prematurely and at term. Maternal mortality and infant mortality among black women are 5 and 2.5 times greater, respectively, than the national average.

- *Project focused on low birthweight among minority women.*

From 1992 to 1997, AHRQ supported a 5-year Patient Outcomes Research Team (PORT) project focused on low birthweight (LBW) in minority and high-risk women. Findings from several of the PORT's published studies are summarized here. The PORT's final project report includes detailed findings and an extensive bibliography. Robert Goldenberg, M.D., of the University of Alabama at Birmingham was the PORT's principal investigator. The final report is available from AHRQ (AHRQ Publication No. 98-N005)\* (AHRQ contract 290-92-0055).

- *Augmented prenatal care does not reduce LBW in poor black women.*

Researchers assigned 318 Medicaid-eligible pregnant black women to augmented prenatal care and 301 similar women to usual care. Augmented care included educationally oriented peer groups, additional appointments, extended time with clinicians, other supports, and risk-reduction programs. Results show the augmented care improved knowledge about pregnancy risk, social support, care satisfaction, and a sense of control; however, it did not reduce the number of LBW infants. Klerman, Ramey,

Goldenberg, et al., *Am J Public Health*, 91:105-111, 2001 (Low Birthweight PORT contract 290-92- 0055).

- *Poor birth outcomes for homeless women are worse for homeless women of color.*

Interviews of 237 homeless women aged 15 through 44 years who had given birth within the previous 3 years revealed the following: almost 17 percent had LBW babies, and 19 percent had preterm births compared with the national average of 6 percent and 10 percent respectively. About 22 percent of black and 16 percent of Hispanic homeless women had LBW babies compared with 5.4 percent of homeless white women. Also, 21 percent of black and 14 percent of Hispanic homeless women had preterm births compared with 7.8 percent of homeless white women. Stein, Lu, and Gelberg, *Health Psychol* 19(6):524-534, 2000 (AHRQ grant HS08323).

- *Foreign-born Hispanic women have fewer LBW babies than American-born Hispanic women.*

The researchers used 1992 California birth certificate data on nearly 500,000 infants born to Asian, black, Hispanic, and white women to measure the relationship between maternal birthplace, ethnicity, and LBW infants. Hispanic women born in the United States were more likely than those born in other countries to have moderately LBW infants. However, there was no difference in the number of LBW infants among foreign-born Asian women and those born in the United States. Likewise, there was no difference in the number of very low or moderately low birthweight infants between foreign-born and American-born black women and white women, after adjustments were made for maternal and infant factors that affect birthweight. Fuentes-Afflick, Hessol, and Perez-Stable, *Arch Pediatr Adolesc*

*Med* 152:1105-1112, 1998 (AHRQ grant HS07373).

- *Incidence and management of uterine fibroids differ among racial groups.*

Based on a review of the evidence on uterine fibroids, researchers at the Duke University Evidence-based Practice Center found that black women have a higher incidence of fibroids, larger and more numerous fibroids when first diagnosed, and a higher rate of hysterectomies than women of other races. Results also show that black women are more likely to have their fibroids surgically removed through a myomectomy (a procedure that preserves the uterus) than are white or Hispanic women. The full evidence report, *Management of Uterine Fibroids* (AHRQ Publication No. 01-E052),\* and a summary (AHRQ Publication No. 01-E051)\* are available from AHRQ (contract 290-97-0014).

- *Death of a mother or sister during pregnancy shortens pregnancy among poor black women.*

Medical University of South Carolina researchers interviewed 472 black women from three public prenatal clinics (regarding stressful life events, availability of emotional support, and health habits) and collected pregnancy and birth data from a clinical database. Pregnant women who lost a mother or sister during pregnancy delivered their babies on average 4.6 weeks earlier than other women in the study. Women who experienced the death of other family members or close friends did not have shorter pregnancies. Barbosa, *J Perinatol*, 20:438-442, 2000 (AHRQ grant HS06930).

- *Cocaine and tobacco use increases the risk of miscarriage.*

Researchers led by Roberta Ness, M.D., of the University of Pittsburgh, examined the association between





cocaine and tobacco use and miscarriage in a group of 970 predominantly poor and black pregnant adolescents and women. Among those who had miscarriages, 29 percent used cocaine and 35 percent smoked. Of those who did not have miscarriages, 21 percent used cocaine and 22 percent used tobacco. Ness, Grisso, Hirschinger, et al., *N Engl J Med* 340(5):333-339, 1999 (AHRQ grant HS08358).

### Access to Care/Insurance

Adequate access to health care can significantly influence use of health care services and lead to better health outcomes. One indicator of access to care is having a usual or principal source of care. Hispanic and black Americans are substantially less likely than others to have a usual source of health care. In 1996, more than 75 percent of white Americans had an office-based usual source of care, compared with about 58 percent of Hispanics and just over 63 percent of blacks. Health insurance plays a critical role in ensuring that Americans have access to timely medical care and are protected against expensive health care costs. For people who do not have either public or private insurance, cost can be a substantial barrier to health care access. In 1996, more than 70 percent of white women had either private or public insurance coverage, compared with about 58 percent of black women and 54 percent of Hispanic women.

### Recent Findings

- *Receipt of certain major procedures by hospitalized adults varies by race and sex.*

An analysis of 1.7 million hospitalizations, based on discharge abstract data from AHRQ's Healthcare Cost and Utilization Project, revealed that black women had a significantly

lower rate of therapeutic procedures than white women for nearly all female reproductive system diseases. Also, blacks in general had a significantly lower rate of therapeutic procedures than whites for several common cancers such as cancer of the colon, bladder, cervix, and breast. Harris, Andrews, and Elixhauser, *Ethnicity Dis* 7:91-105, 1997. Reprints (AHRQ Publication No. 98-R018) are available from AHRQ\* (Intramural).

- *Researchers find disparities in insurance coverage related to race/ethnicity and sex.*

In 1996, black working women were more likely than employed black men to obtain public insurance (9.5 vs. 2.7 percent), and Hispanic women were much more likely than Hispanic men to obtain work-related coverage (62.4 vs. 49.7 percent). Although minority women workers were less likely to be uninsured than minority male workers, they still were much more likely to be uninsured than employed white women. Among working women, 29.9 percent of Hispanics, 22.2 percent of blacks, and 12.6 percent of whites were uninsured. *Health Insurance Status of Workers and Their Families*, 1996. MEPS Research Findings 2 (AHRQ Publication No. 97-0065)\* (Intramural).

### Other Research

- *Women are less likely than white men to be recommended for kidney transplants.*

A national random survey of 271 U.S. nephrologists was used to gauge their bases for transplant recommendations for people with end-stage renal disease. All clinical factors being equal, results show that white men were almost 2.5 times as likely as white women to be recommended for kidney transplants. White women were equally as likely as black women to be recommended for

transplantation, and Asian men were half as likely as white men to be recommended. Thamer, Hwang, Fink, et al., *Transplantation* 71(2):281-288, 2001 (AHRQ grant HS08365).

- *Race/ethnicity, education, and income affect the health status of Medicare-insured older women.*

This survey examined the health and functional status of more than 91,000 elderly women enrolled in Medicare managed care programs in 1999 and found that women with low household incomes (\$10,000 or less) and an 8th grade education or less were much more likely to report their health as fair or poor than similar women who were more affluent and better educated. Over half of the black, Hispanic, and American Indian women in the study had household incomes less than \$20,000, and more than half of these women had less than a high school education. Bierman, Haffer, and Hwang, *Health Care Financing Rev* 22(4):187-198, 2001 (Reprints AHRQ Publication No. 02-R006)\* (Intramural).

- *Researchers find a correlation between women's self-assessments of socioeconomic status and health.*

Investigators explored the relationship between how individuals perceive their socioeconomic status (subjective SES) and health, and found subjective SES was significantly related to health in an ethnically diverse group of pregnant

women. However, household income continued to predict health after accounting for subjective SES among Hispanic and black women but not among white and Chinese-American women. Ostrove, Adler, Kuppermann, et al., *Health Psychol* 19(6):613-618, 2000 (AHRQ grant HS07373).

## More Information

For more information on AHRQ research and other initiatives related to health care for minority women and women's health issues in general, as well as the agency's research portfolio and funding opportunities, please visit the AHRQ Web site at [www.ahrq.gov/](http://www.ahrq.gov/) or contact:

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