



# PUTTING WOMEN'S HEALTH CARE DISPARITIES ON THE MAP:

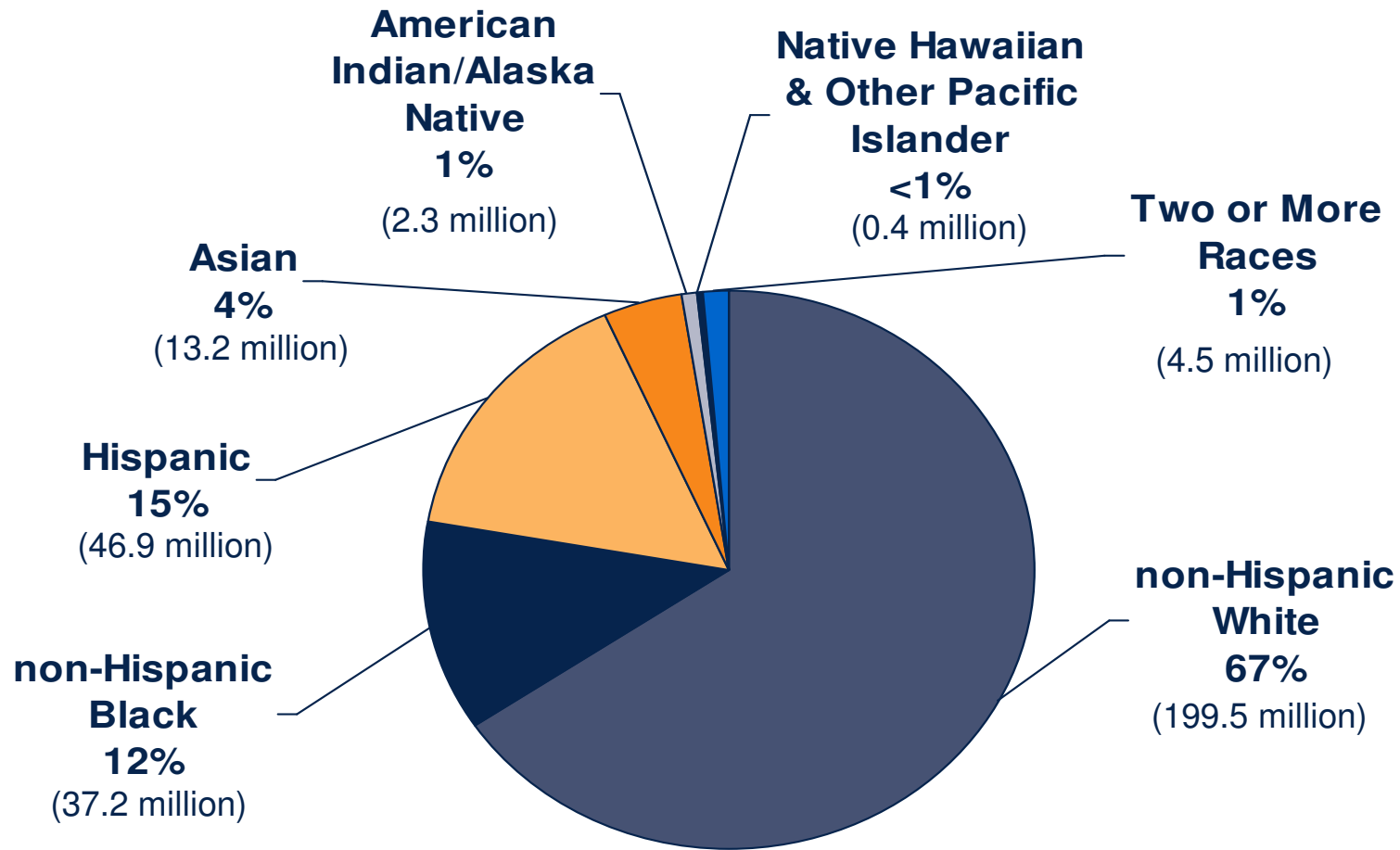
## Examining Racial and Ethnic Disparities at the State Level



## Acknowledgments

- Study Co-authors
  - Alina Salganicoff
  - Megan Thomas
  - Usha Ranji
  - Marsha Lillie-Blanton
  - Roberta Wyn – Center for Health Policy Research, UCLA
- Data Support
  - Randal ZuWallack and Kristian Omland of ICF MACRO

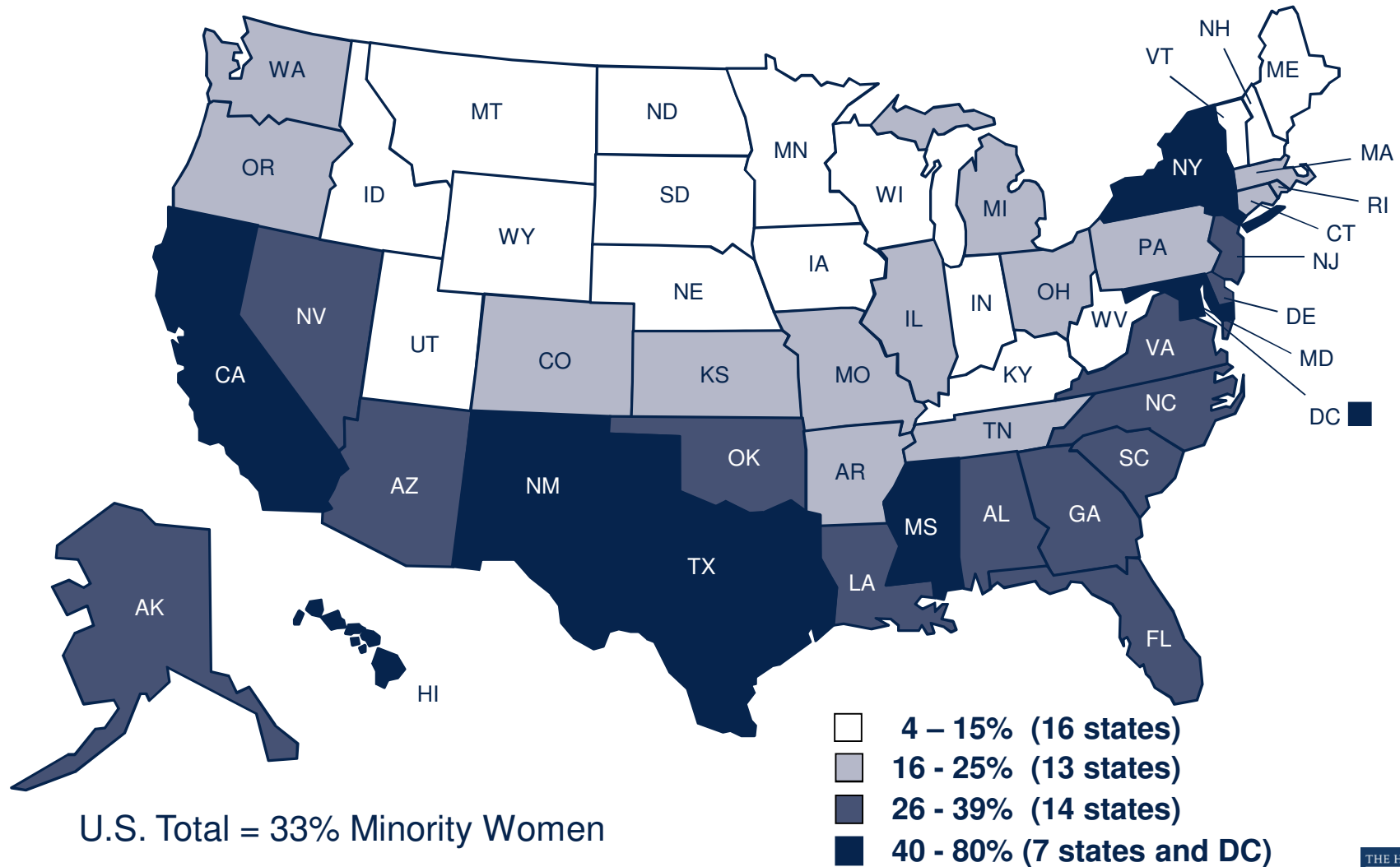
# Distribution of U.S. Population by Race/Ethnicity, 2008



**Total U.S. Population = 304.1 million**

NOTES: Data do not include residents of Puerto Rico, American Samoa, Guam, the U.S. Virgin Islands, or the Northern Mariana Islands. Totals may not add to 100% due to rounding. All racial groups and individuals reporting “two or more races” are non-Hispanic.  
 DATA: Table 3: Annual Estimates of the Population by Sex, Race and Hispanic Origin for the United States: April 1, 2000 to July 1, 2008 (NC-EST2008-03). Population Division, U.S. Census Bureau.

# Proportion of Women Who Self-Identify as a Racial and Ethnic Minority, by State



Source: Kaiser Family Foundation analysis of March 2005, 2006, 2007 Current Population Surveys, U.S. Census Bureau.

## Data and Methods

- Indicator Selection
  - Relevant to women’s health; adequate sample size; policy and programming relevance; reliable data source; and comparability across states
- Data
  - BRFSS (13 indicators)
  - Current Population Survey (6 indicators)
  - National Vital Statistics System (3 indicators)
  - Area Resource File (2 indicators)
  - Other Sources (9 indicators)

## Indicators by Dimension

<b>Health Status</b>	<b>Access and Utilization</b>	<b>Social Determinants</b>
<ul style="list-style-type: none"> <li>1) Fair or Poor Health</li> <li>2) Unhealthy Days</li> <li>3) Limited Activity Days</li> <li>4) Diabetes</li> <li>5) Heart Disease</li> <li>6) Obesity</li> <li>7) Smoking</li> <li>8) Cancer Mortality</li> <li>9) New AIDS Cases</li> <li>10) Low-Birthweight</li> <li>11) Serious Psychological Distress</li> </ul>	<ul style="list-style-type: none"> <li>1) No Health Coverage</li> <li>2) No Personal Doctor</li> <li>3) No Checkup (2 yrs)</li> <li>4) No Dental Visit (2yrs)</li> <li>5) No Dr Visit Due to Cost</li> <li>6) No Mammogram (2 yrs)</li> <li>7) No Pap Test (3 yrs)</li> <li>8) Late or No Prenatal Care</li> </ul>	<ul style="list-style-type: none"> <li>1) Poverty</li> <li>2) Median Household Income</li> <li>3) Gender Wage Gap</li> <li>4) No High School Diploma</li> <li>5) Single Parent Household</li> <li>6) Residential Segregation</li> </ul>

## Health Care Payments and Workforce Indicators

- Physician Diversity Ratio
- Primary Care Health Professional Shortage Area
- Mental Health Professional Shortage Area
- Medicaid-to-Medicare Fee Index
- Medicaid Income Eligibility for Working Parents
- Medicaid Income Eligibility for Pregnant Women
- Family Planning Funding
- Abortion Access
  - Includes whether the state has a mandatory waiting period for an abortion, allows Medicaid funding of abortions, and the percent of women living in counties with no abortion provider

## Report Measures

- **Disparity Score**

The ratio of the rate of the indicator experienced by women of color to the rate of the indicator experienced by White women.

- Disparity score  $> 1$  means minority women fared worse than White women
- Disparity score  $= 1$  means minority women fared the same
- Disparity score  $< 1$  means minority women fared better than White women

## Other Report Measures

- **Dimension Score**
  - Average of indicator disparity scores. Each indicator was multiplied by the ratio of White women in the state to White women nationally, and then averaged.
  - States grouped according to score as:
    - Better-than-average
    - Average
    - Worse-than-average

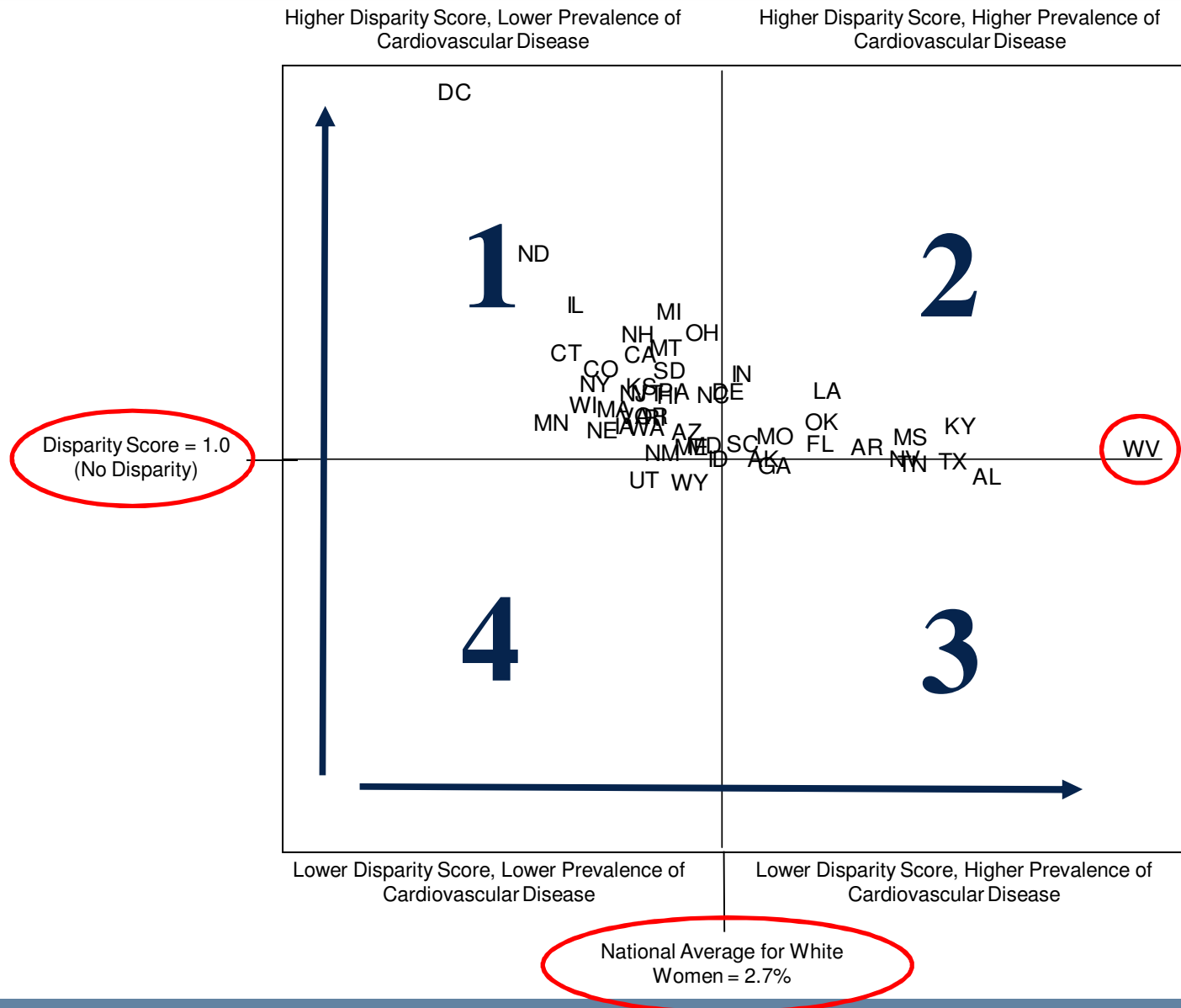
**Disparities were evident in every state, and on most indicators**

## Specific Indicators

- New AIDS case rate for women of color was more than 11 times that of White women (26.4 per 100,000 vs. 2.3 per 100,000)
  - Average disparity in new AIDS case rate was more than 3.5 times larger than disparities in any other indicator
- Uninsured rate for women of color was more than twice that of White women (28% vs. 13%)
- Rate for no high school diploma was more than three times higher for women of color than for White women (23% vs. 7%)
- Rates for smoking, cancer mortality, serious psychological distress, and no routine checkup were lower among women of color than among White women (e.g. disparity score < 1.00)

**Small disparities are sometimes  
the result of both White women  
and women of color doing poorly**

# State-Level Disparity Scores and Prevalence of Cardiovascular Disease for White Women



**Each racial and ethnic group faced its own particular set of health and health care challenges**

## Challenges Faced by Racial and Ethnic Populations

- American Indian and Alaska Native women's outcomes were among the worst on nearly all indicators
- Hispanic women consistently had problems with access to and utilization of care
- Black women had among the worst rates for many indicators of health and social determinants
- Asian American, Native Hawaiian and Other Pacific Islander women had lower rates of preventive screenings
- White women had higher rates of smoking, cancer mortality, psychological distress and no routine checkup

**Few states had consistent scores  
across all three dimensions**

## Summary of Dimension Scores

- Only 4 states, VA, MD, GA and HI, performed better-than-average on all 3 dimensions
- Six states, MT, SD, AR, LA, MS, and IN performed worse-than-average on all three dimensions

**Small disparities in one dimension  
do not necessarily correspond to  
small disparities in other  
dimensions**

## Small Disparities in One Dimension Do Not Always Correspond with Small Disparities in Other Dimensions

State	Health Status	Access	Social Determinants
District of Columbia	Worse	Better	Worse
Ohio	Worse	Better	Worse
Pennsylvania	Worse	Better	Worse
Texas	Better	Worse	Worse
Arizona	Better	Worse	Worse
Oklahoma	Worse	Worse	Better

# Implications

## Looking to the Future

- Federal and state opportunities
- Impact of the economic crisis
- Data limitations and need for additional indicators
- Health Reform

**Thank you!**

Cara V. James, Ph.D.  
Henry J. Kaiser Family Foundation  
[cjames@kff.org](mailto:cjames@kff.org)