

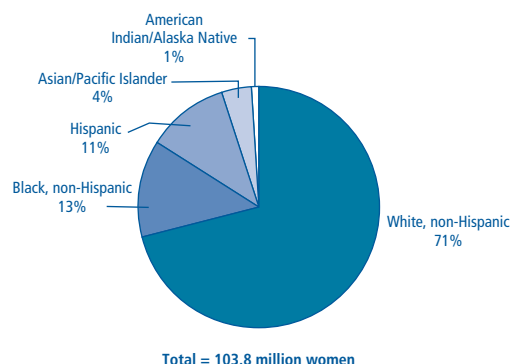
A Profile of Women's Health in the United States

To provide a clear and comprehensive roadmap to the increasingly large and complex range of women's health data available today, the Jacobs Institute of Women's Health and The Kaiser Family Foundation have prepared *The Women's Health Data Book*, third edition, a resource on women's health across the lifespan in the United States. Highlights for women of color include:

- Nearly one-third of adult women in the U.S. are racial and ethnic minorities (Figure 1).

Figure 1

U.S. women by race/ethnicity, 1998



Source: Henry J. Kaiser Family Foundation estimates based on Urban Institute analysis of the March 1999 Current Population Survey, U.S. Bureau of the Census. Includes women aged 18 years and older.

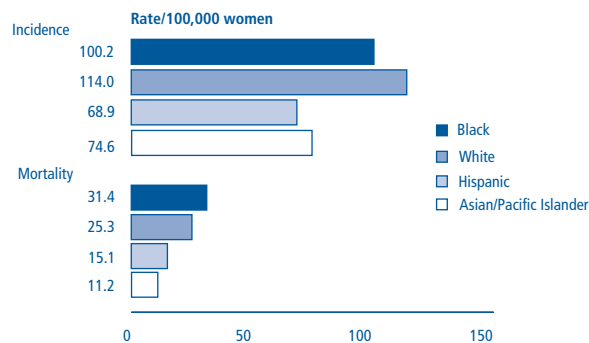
- Women of color are more likely to be economically disadvantaged and have lower educational attainment than white women. These factors are associated with poorer health status and barriers to care. Among women, 27% of African Americans, 26% of Hispanics, 21% of Native Americans, and 13% of Asian/Pacific Islanders live in poverty, compared to 9% of white women.¹

Chronic Conditions

- Cardiovascular disease (CVD) is the leading cause of death and disability among American women.² African American women are at high risk for CVD, in part due to a high proportion with risk factors such as obesity and hypertension.³
- Lung cancer is the leading cancer-related cause of death among black, Asian/Pacific Islander, and white women.⁴ For Hispanic women, breast cancer is the number one cancer-related cause of death.⁵
- Black women have lower rates of breast cancer, but have higher breast cancer mortality rates than white women. (Figure 2).

Figure 2

Age-adjusted breast cancer incidence and mortality rates by race/ethnicity, 1990–1997



Source: Ries et al. SEER cancer statistics review, 1973-1997, National Cancer Institute, 2000.

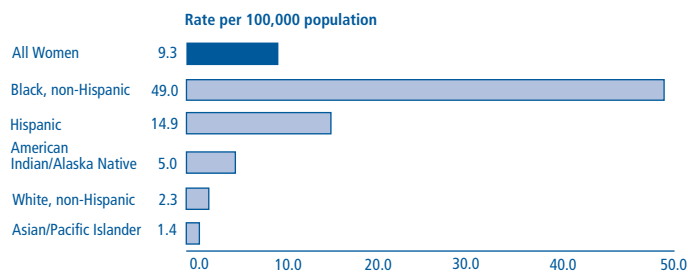
- Diabetes is more common among older women of color than older white women. Among women ages 60 to 74, black non-Hispanic women (32.4%) and Mexican American women (32.5%) are twice as likely to have diabetes as white non-Hispanic women (16.0%).⁶

Infections

- Women now account for 23% of all new cases of AIDS, up from 7% in 1986.⁷ Black and Hispanic women are at highest risk (Figure 3).

Figure 3

Women's AIDS case rates by race/ethnicity, United States, 1999



Note: Includes reported cases among women 13 years of age and older.

Source: Division of HIV/AIDS Prevention. HIV/AIDS surveillance report; 1999 year end report. Atlanta: Centers for Disease Control and Prevention; 1999; 11 (2).

- Among women 25 to 44 years of age, AIDS is the 3rd leading cause of death for African American women, 4th for Hispanic women, and 10th for white women.⁸
- Across all age groups, non-Hispanic black women have the highest rates of chlamydia, followed by American Indian/Alaska native women, and Hispanic women.⁹ Asian/Pacific Islander women have the lowest rates.¹⁰

Reproductive Health

- Fertility rates for Hispanic women (101.1 births/1,000 women ages 15 to 44 years) are higher than for black (73.0/1,000), American Indian (70.7/1,000), Asian Pacific Islander (64.0/1,000) or white women (57.7/1,000).¹¹
- Among teens ages 15 to 19, Hispanic girls have the highest birth rates (93.6/1,000).¹² African Americans and American Indians are also at high risk for giving birth as teens (88.2/1,000 and 72.1/1,000). White teen girls (35.2/1,000) and Asian/Pacific Islanders (23.1/1,000) are at lower risk.
- Black women are half as likely to breast-feed their babies (27.5%) as either Hispanic women (67.4%) or white women (61.2%).¹³

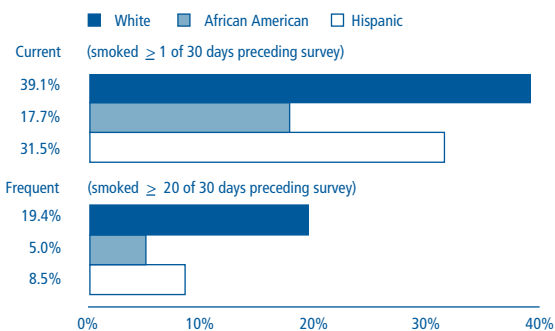
Mental Health

- Over one-fifth of Hispanic (22.8%) and white (23.1%) women experience a major depressive episode in their lifetimes, compared with 15% of African American women.¹⁴
- Female Hispanic teens in grades 9 through 12 report high rates of attempted suicide (18.9%) compared to 7.5% for African Americans and 9.0% for white teens.¹⁵

Health Behaviors

- Just over one in five adult women currently smoke (22.1% in 1997)¹⁶ and women are beginning to smoke at younger ages.¹⁷ Hispanic and African American girls are less likely to smoke than their white counterparts (Figure 4).

Figure 4
Cigarette smoking among adolescent female students in grades 9–12 by race/ethnicity, 1999



Source: Kann L, Kinchen S, Williams B, Ross J, Lowry R, Grunbaum JA, et al. Youth risk behavior surveillance—United States, 1999. MMWR Morb Mortal Wkly Rep 2000;49(SS05):1-96.

- One in four black women (26.4%) and one in five Hispanic women (20.3%) report ever using illicit drugs in their lifetimes, compared to one in three white women (33.1%).¹⁸
- One-third of African American and Hispanic women report exercising frequently (32% each). Fewer Asian American women report frequent exercise (16%) and more white women do (42%).¹⁹

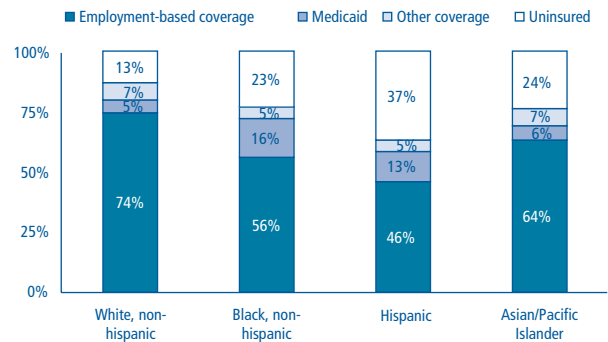
Violence Against Women

- Rates of violent victimizations vary across racial and ethnic groups. Black women are more likely to be victims of nonlethal violent crimes (37.5/1,000 people aged 12 and older) than either Hispanic women (26.8/1,000) or white women (29.7/1,000).²⁰

Access, Use, and Quality of Health Care

- Most women get insurance through their jobs or their spouse's employer. Variations in coverage rates, however, are evident across racial/ethnic subgroups (Figure 5).

Figure 5
Health insurance coverage of women by race/ethnicity, 1999



Note: Columns may not equal 100% due to rounding.

Source: UCLA Center for Health Policy Research analysis of the March 2000 Current Population Survey, U.S. Bureau of the Census.

- Hispanic women are at highest risk for being uninsured, with over one-third lacking coverage. Nearly one quarter of black and Asian/Pacific Islander women are also uninsured.²¹
- Lack of insurance is a problem for women. Compared to those with coverage, uninsured women are four times less likely to see a specialist when needed and are three times less likely to fill a prescription because of the cost.²²

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