Health Disparities
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REPRODUCTIVE HEALTH DISPARITIES FOR WOMEN OF COLOR

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INTRODUCTION

The United States is known for its ability to provide the most advanced health care that medical science can offer. Even with the notable progress in medical advancement, there remain persistent disparities in the burden of illness and mortality experienced by African Americans, Hispanics, American Indians, Alaskan Natives, Asians, and Pacific Islanders, compared to the U.S. population as a whole. These ethnic and racial groups are disproportionately over represented in women's reproductive health disparities. Reproductive health studies of breast and cervical cancer screening and management, infant mortality, and HIV/AIDS and sexually transmitted diseases (STDs) indicate that women of color are less likely to receive adequate reproductive health care. Minority women are also less likely to have access to reproductive health care, including medically appropriate contraceptives, annual gynecological exams, and prenatal care.

In developing a national initiative to eliminate health disparities, the Department of Health and Human Services (HHS) through the Centers for Disease Control and Prevention (CDC) identified six focus areas that greatly impact the health status of racial and ethnic minority populations. Of these, three address reproductive health, including cervical cancer screening and management, infant mortality, and HIV/AIDS and STDs.

In order to best address the elimination of reproductive health disparities, the CDC has developed a national community based program entitled, "Racial and Ethnic Approaches to Community Health (REACH) 2010." REACH 2010 is the cornerstone of CDC's efforts to promote community based coalitions and programs that further the national initiative to eliminate ethnic and racial health disparities in reproductive health.

For many social workers, awareness of the complex reproductive health issues for women of color is instrumental to working more effectively with communities of color and the affected individuals and families. The social work profession supports improvement in access to a full range of reproductive health services with special interest in addressing underserved groups, including women of color. Social workers seek to improve the quality of reproductive health care and services for all women by identifying barriers to health care access, increasing the availability of health coverage, and advocating to improve socioeconomic conditions, thereby furthering healthy outcomes. Additionally, social workers address the impact of the contributing systemic factors and advocate for their elimination.

This practice update addresses the three areas of reproductive health in the national initiative, in which women of color are disproportionately affected highlighting basic facts about each, examining barriers, and identifying social workers' roles in the delivery of health care.

WOMEN OF COLOR REPRODUCTIVE HEALTH DISPARITIES: THE FACTS

Breast and Cervical Cancer Screening and Management

Significant numbers of women of color have high rates of breast and cervical cancers, and their survival rates are relatively poor. Deaths from breast and cervical cancer occur disproportionately among women who are uninsured. Although death rates from breast cancer declined significantly during 1992-1998, they remain higher among African

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American women than among White women. Cervical cancer is nearly 100 percent preventable through detection and treatment of precancerous cells. Still, an estimated 13,000 women developed the disease and 4,100 died from the disease in 2002. Health indicators for Asian American Pacific Islanders (AAPI) suggest that this population is one of the healthiest in the U.S. However, there is great diversity within this group, and marked health disparities exist for specific segments within the AAPI population. Breast and cervical cancer rates for American Indian women vary among tribes and regions. However, breast and cervical cancer survival rates for this population are relatively poor.

- Studies show that early detection of breast and cervical cancer saves lives. Mammography and Pap tests are under used by women who have less than a high school education, are older, live below the poverty level, or are members of certain racial and ethnic minority groups (Centers for Disease Control and Prevention [CDC], 2004).
- Women of racial and ethnic minorities are less likely than White women to receive Pap tests, which can prevent invasive cervical cancer by detecting precancerous changes in the cervix (U.S. Department of Health and Human Services, 1998).
- Women of Vietnamese origin suffer from cervical cancer at nearly five times the rate of White women (The National Women's Health Information Center, 2004).
- Alaskan Natives have particularly high rates of cervical cancer (Glanz, 2003).
- Cervical cancer risk is high among Latinas, with incidence rates that are double those of Whites. This risk differential has not appreciably improved during the past few decades. Cervical cancer mortality is also markedly higher among Latinas (Intercultural Cancer Council, 2001).
- Breast cancer is the second leading cause of cancer death among African American women, exceeded only by lung cancer (American Cancer Society, 2002).

Infant Mortality

Although the 2001 U.S. infant mortality rate of 6.8 deaths per 1,000 live births was the lowest ever recorded, African American, American Indian, and Puerto Rican infants continue to have higher mortality rates than White infants. Starting prenatal care as early as possible during pregnancy is believed to foster the most positive birth outcomes for both mothers and infants, however, significant numbers of pregnant women of color do not initiate prenatal care during their first trimester. Infant mortality rates for African Americans, Native Americans, and Puerto Ricans are significantly higher than for Whites. These disparities could be greatly reduced by increasing access to comprehensive reproductive health care (Center for Policy Alternatives, 2002).

- In 2001, the infant mortality ratio for African Americans to Whites was 2.3 percent (CDC, 2004).
- More than one third of pregnant women who are African American, American Indian, Alaskan Native, Guamanian, and Mexican American do not begin prenatal care during their first trimester of pregnancy (National Institutes of Health, 2002).
- A CDC study revealed that African American women and Hispanics were more than twice as likely as White women to obtain delayed or no prenatal care (NARAL ProChoice America Foundation 2002).
- African American women are four times as likely, and American Indian and Alaskan Native women are nearly twice as likely, to die of pregnancy complications compared with White women (Centers for Disease Control and Prevention [CDC], 2001).

HIV/AIDS AND STDS

A vast majority of women living with HIV in the United States are poor and lack the resources to obtain necessary treatment (Misra, 2001). African Americans and Hispanics accounted for approximately 75 percent of all adult AIDS cases and 81 percent of all pediatric AIDS cases in 2000, though they comprise only 25 percent of the nation's population (Clark, 2004).

- HIV was the third leading cause of death for African American women aged 25 to 44 and the fourth leading cause of death for Hispanic women (Misra, 2001).
- Although African American women represent only 13 percent of the United States female population, they accounted for almost two-thirds (63 percent) of new AIDS cases reported among women in 1999. Similarly, Hispanics represent only 11 percent of the female population, but accounted for 18 percent of new cases reported among women in 1999. The Surgeon General projects that African American and Hispanic women

will make up 80 percent of women newly infected with HIV (NARAL ProChoice America Foundation 2003)

- African American, Asian American, Native American, and Hispanic women all have higher rates than White women of sexually transmitted diseases including chlamydia, gonorrhea, herpes, and human papillomavirus (NARAL ProChoice America Foundation 2003).

- Chlamydia is the most commonly reported infectious disease in the United States and, according to the CDC, may be one of the most dangerous sexually transmitted diseases among women today. Chlamydia is one of the leading causes of Pelvic Inflammatory Disease (PID), which can cause infertility. African American, Hispanic, Asian American, and Native American women all have higher rates of chlamydia than White women. In fact, African American women's chlamydia rate is almost nine times, and Native American women's rate is more than six times, the rate for White women (NARAL ProChoice America Foundation 2003).

- Gonorrhea has been shown to facilitate the transmission of HIV. After years of steady decline, gonorrhea infections are on the rise, especially among African Americans. Gonorrhea rates among African Americans are more than 30 times higher than Whites and more than 11 times higher than Hispanics (NARAL ProChoice America Foundation 2003).

- Herpes Simplex Virus Type-2 (HSV-2), also known as genital herpes, is one of the most common STDs in the United States. Symptoms of HSV-2 may be especially severe for those infected with HIV and may even make HIV transmission more likely. Moreover, HSV-2 is potentially fatal in newborns. A recent study found that African American women are at the highest risk of contracting this incurable, lifelong viral infection (NARAL ProChoice America Foundation 2003).

- Human papillomavirus (HPV), the virus that sometimes causes genital warts and also can lead to cervical cancer, is considered the most common STD in America. The connection between HPV and cervical cancer is of particular concern for African Americans, who die from cervical cancer at twice the rate of Whites (NARAL ProChoice America Foundation 2003).

BARRIERS

Access

Although several barriers to reproductive health care for women of color have been identified, the need remains to look more closely for other possible obstacles to adequate health care. For example, researchers do not fully understand what medical and non-medical factors contribute to high maternal and infant mortality rates. Even when the causes of ethnic and racial disparities are known, health care providers and the women affected by reproductive health disparities may not be aware of or be taking steps to counteract these variables.

There are many systemic factors that contribute to poor reproductive health outcomes such as:

- Lack of access to medical treatment and services
- Lack of insurance coverage
- Lack of information and education
- Lack of follow-up to abnormal results
- Delayed follow-up
- Late cancer detection and screening
- Language barriers

SOCIOECONOMIC CONDITIONS AND MEDICAL HEALTH COVERAGE

Across ethnic and racial groups, women are more likely than men to live in poverty. For women of color, access to reproductive health care services are riddled with an array of obstacles that jeopardize their overall health care needs and well-being. These issues include, but are not limited to, the socioeconomic problems of poverty and the lack of health insurance coverage (NARAL Pro-Choice America Foundation, 2000).

Nearly 16 million women are uninsured. Women who lack insurance are more likely to delay treatment and not fill prescriptions than their insured counterparts and often delay or forego important preventive care such as mammograms and Pap tests. Low-income young women of color are particularly at risk of being uninsured (Misra, 2001).

Even when women have private health insurance plans, there remain significant gaps in the scope of benefit coverage for reproductive health care. Despite federal and state policies that address health disparities, major gaps in coverage persist in screening mandates for conditions such as cervical cancer and STDs (Misra, 2001).

MEDICAID

According to Medicaid program statistics, in 2000 nearly 12 million low-income women age 19 to 64 were enrolled in Medicaid, the state and federal medical program for low-income individuals. (Misra, 2001). Medicaid provides funds for necessary reproductive health care such as family planning and prenatal and delivery services. However, eligibility varies from state to state and traditionally has been limited to single women with children or women who are pregnant and who meet other stringent requirements (NARAL Pro-Choice America Foundation, 2003).

In addition, many low-income women do not qualify for Medicaid. To complicate further access to services for Medicaid recipients, an increasing number of medical providers are reluctant to accept Medicaid and other publicly funded reimbursement for medical care.

State governments limit reproductive health choices, preventing low-income women from receiving appropriate and needed care. Many Medicaid plans do not inform patients about their reproductive health choices. One study found that two in three Medicaid managed care plans failed to routinely provide information to enrollees on specific methods of contraception covered, and 95% failed to notify patients that some providers would refuse to provide reproductive health services for religious or personal reasons (Center for Policy Alternatives, 2002).

CULTURAL AND LINGUISTIC BARRIERS

Cultural competence in health care is defined as "the ability to provide care to patients with diverse beliefs and behaviors, including tailoring delivery to meet patients' social, cultural, and linguistic needs" (NARAL Pro-Choice America Foundation, 2003, p.29).

However, language barriers for women with limited English proficiency and cultural issues are factors that have a detrimental effect upon women seeking reproductive health care. For example, a review of hospitalized Medicaid patients found that in some instances hospitals and health care providers denied or threatened to withhold pain management services from women in labor with a limited English proficiency or an inability to pay for medical services (Pear, 1999).

The failure of health care organizations and programs to provide culturally competent health care to diverse racial and ethnic populations has been identified as contributing factors to discrepancies in the delivery of quality health care (NASW, 2003).

The lack of culturally appropriate care and bias within the health care system impair access to quality reproductive health care for women of color across socioeconomic lines. Provider bias, language barriers, and the lack of cultural competency training inhibit many women of color from getting the reproductive health care they need. More than one in four minority adults report experiencing difficulties in receiving health care due to language barriers (The Commonwealth Fund, 1995). Overcoming the cultural and linguistic barriers in reproductive health care for women of color is critical for effective communication and improving health outcomes.

For the social work profession, the recognition of the importance of cultural competence practice is well documented in the National Association of Social Workers (NASW) policy statements, standards, and code of ethics. However, implementation of a culturally competent health delivery system is not solely the social worker's responsibility, but must be the practice of all health care providers. This gives the social work profession an opportunity to educate health care professionals and to collaborate and advocate for an improved culturally competent health care delivery system.

HEALTH OUTCOMES

Because women of color are less likely to receive adequate reproductive health care, they are more likely than White women to experience negative reproductive health outcomes, including higher rates of disease and mortality, late cancer screening and detection, delayed follow-up care, higher maternal and infant mortality rates, and a higher incidence of HIV/AIDS and other STDs.

The Intercultural Cancer Council (2001), a multicultural coalition, lists five reasons for disparities in health status for racial and ethnic minorities and medically underserved populations:

- Unequal socioeconomic status, resulting in unequal availability, accessibility, and use of health services;
- Unequal diagnostic workup and treatment after entering into the health care system;
- Unequal scientific research, resulting in unequal data collection and unequal understanding of their medical needs;
- Social, racial, and environmental injustice; and
- Individual and institutional prejudices and discrimination.

CONCLUSION

Women of color have a greater need for early access to reproductive health care to lower infant mortality rates, reduce unintended pregnancies, and prevent the spread of sexually transmitted diseases, including HIV/AIDS. Social workers can work towards the elimination of racial and ethnic health disparities and promote equity for the reproductive health of women of color through effective policy development, advocacy, research, and practice. Public health social workers have the education, training, and skills to identify and address the underlying psychosocial conditions that contribute to higher levels of health disparities found in racial and ethnic communities.

The demographic changes that are anticipated over the next few years elevate the importance of addressing disparities in the reproductive health status of women of color. The ethnic and racial groups currently experiencing poorer health status continue to significantly grow in proportion to the total U.S. population. Therefore, the future health of America will be increasingly influenced by the success or failure of improving the health of African American, Hispanic, Asian, Pacific Islander, American Indian and Alaskan Native women of color.

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