



DISPARITIES IN HEALTHCARE QUALITY AMONG MINORITY WOMEN

Findings From the
2011 National Healthcare Quality and Disparities Reports

Since 2003, the Agency for Healthcare Research and Quality (AHRQ) has annually reported on progress and opportunities for improving health care quality and reducing health care disparities. As mandated by the U.S. Congress, the National Healthcare Quality Report (NHQR) focuses on “national trends in the quality of health care provided to the American people” while the National Healthcare Disparities Report (NHDR) focuses on “prevailing disparities in health care delivery as it relates to racial factors and socioeconomic factors in priority populations.” Priority populations include racial and ethnic minorities, low-income groups, women, children, older adults, residents of rural areas and inner cities, and individuals with disabilities and special health care needs.

This document highlights data specific to key measures related to two priority populations, minorities and women. The information presented provides an extended analysis beyond the NHQR and NHDR but is organized around the same framework. When applicable, data analyzed for minority women are compared with men. For all measures, both race and ethnicity data were reviewed.

Cancer

The reports reflect the recent recommendations of the U.S. Preventive Services Task Force for mammograms every 2 years for women ages 50-74:

- ❑ In 2008, Black and Asian women ages 50-74 years were more likely to receive a mammogram than White and Hispanic women.
- ❑ From 2000 to 2007, rates of advanced stage breast cancer were lower among Asian or Pacific Islander (API) and American Indian or Alaska Native (AI/AN) women compared with White women and among Hispanic women compared with non-Hispanic White women. Since 2003, rates have been higher among Black women compared with White women.
- ❑ Between 2000 and 2007, Black women had higher breast cancer death rates than White women. API and AI/AN women had lower rates than White women, while Hispanic women had lower rates than non-Hispanic White women.
- ❑ Asian women were less likely than White women to receive a pap smear in 2008.



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❑ In 2007, Hispanic women were more likely than non-Hispanic White women to be diagnosed with cervical cancer at an advanced stage.

❑ Finally, in 2007, for all racial and ethnic groups, men were more likely to die from lung cancer than women.

Cancer Measures (2007 and 2008)	Ethnicity		Race			
	Non-Hispanic White	Hispanic	White	Black	API	AI/AN
Women ages 50-74 who received a mammogram in the last 2 years, 2008 (%)	73.9	68.3	73.3	76.5	76.2*	DSU
Breast cancer diagnosed at advanced stage per 100,000 women age 40 and over, 2007	91.2	75.0	89.6	108.4	62.9	55.4
Breast cancer deaths per 100,000 female population per year, 2007	23.0	14.5	22.3	31.4	11.1	12.7
Women ages 21-65 who received a pap smear in the last 3 years, 2008 (%)	86.1	81.3	85.1	86.1	71.5*	82.0
Cervical cancer diagnosed at advanced stage per 100,000 women age 20 and over, 2007	9.9	16	10.6	14.4	9.5	10.3
Lung cancer deaths for women per 100,000 population per year, 2007	43.5	14.4	41.2	38.1	18.5	26.8

* Asian only.

DSU = data statistically unreliable.

Cardiovascular Disease

According to the National Center for Health Statistics, women's death rate from heart disease in 2008 was nearly eight times the death rate from breast cancer. That year, females had higher rates of inpatient heart attack mortality than males. In addition, in 2008:

❑ AI/AN women were less likely to have their blood cholesterol checked than women of other racial groups. Among Hispanics, women were more likely than men to have their cholesterol checked.

❑ The death rate per 1,000 women with acute myocardial infarction was higher for non-Hispanic Whites than for other racial/ethnic groups. Among all racial/ethnic groups, rates were higher for women than for men.

❑ The death rate per 1,000 women with congestive heart failure was higher for non-Hispanic Whites than for other racial/ethnic groups.

❑ The death rate per 1,000 women admitted for coronary artery bypass surgery was higher for APIs than for other racial/ethnic groups.

Cardiovascular Measures (2008)	Ethnicity		Race			
	Non-Hispanic White	Hispanic	White	Black	API	AI/AN
Adult women who received blood cholesterol measurement in the last 5 years (%)	76.0	77.3	76.5	77.9	80.0*	67.3
Deaths per 1,000 adult women hospital admissions with acute myocardial infarction	73.4	60.8	†	44.8	66.0	—
Deaths per 1,000 adult women hospital admissions with congestive heart failure	34.4	21.8	†	15.3	29.0	—
Deaths per 1,000 hospital admissions with coronary artery bypass surgery, women age 40 and over	36.1	29.2	†	30.1	52.1	—

* Asian only.

† For this measure, race and ethnicity are combined.

— = data not available.

Diabetes

Data on diabetes measures are limited for racial and ethnic minority women and generally indicate low levels of care and disparities in outcomes. In 2008:

- ❑ Women in all racial/ethnic groups had low rates of receiving all four recommended services for diabetes (i.e., two or more hemoglobin A1c measurements, dilated eye examination, foot examination, and flu shot).

- ❑ Rates of hospital admissions for uncontrolled diabetes were higher for Black women than for women in other racial/ethnic groups.
- ❑ The rate of hospital admissions for lower extremity amputations was relatively low for both women and men. Black women had a higher rate than White women.

Diabetes Measures (2005-2007 and 2008)	Ethnicity		Race			
	Non-Hispanic White	Hispanic	White	Black	API	AI/AN
Adult women age 40 and over with diabetes who received all four recommended services in the calendar year (two or more hemoglobin A1c measurements, dilated eye examination, foot examination, and flu shot), 2008 (%)	20.7	21.6	20.7	18.6	DSU	DSU
Hospital admissions for uncontrolled diabetes per 100,000, women age 18 and over, 2008	12.9	32.3	†	58.7	9.6	—
Hospital admissions for lower extremity amputations per 100,000, women age 18 and over with diabetes, 2005-2007	—	—	1.4	3.1	DSU	DSU

† For this measure, race and ethnicity are combined.

DSU = data statistically unreliable.

— = data not available.

HIV/AIDS

Minority women, particularly Black women, are disproportionately affected by HIV/AIDS. In 2006, HIV/AIDS was the fourth leading cause of death among Hispanic men and women ages 35-44.

❑ In 2009, the rate of new AIDS cases was higher for Black and Hispanic women than

for non-Hispanic White women. Black and Hispanic men had even higher rates than women, as well as higher rates than non-Hispanic White men.

❑ In 2007, both Black men and women had significantly higher rates of HIV infection deaths than other racial and ethnic groups.

HIV/AIDS Measures (2007 and 2009)	Ethnicity		Race			
	Non-Hispanic White*	Hispanic	White	Black	API	AI/AN
New AIDS cases per 100,000 women, women age 13 and over, 2009	1.5	7.9	*	35.1	1.3	DSU
HIV infection deaths per 100,000 women, 2007	0.5	1.8	0.7	11.3	DSU	1.7

* For this measure, race and ethnicity are combined.

DSU = data statistically unreliable.

Maternal and Child Health

Childbirth and reproductive care are the most common reasons for women of childbearing age to use health care services. Childbirth is the most common reason for hospital admission among women.

❑ In 2008, AI/AN women were significantly less likely to receive prenatal care during the first trimester than other women.

❑ Maternal and infant deaths occurred more frequently in 2005 among Black women.

❑ In 2008, White women experienced slightly higher rates of birth trauma than Blacks and Hispanics.

❑ In 2008, API women had higher rates of obstetric trauma, both with and without instrument assistance, than other women.

Maternal and Child Health Measures (2005 and 2008)	Ethnicity	Race				
	Non-Hispanic White	Hispanic	White	Black	API	AI/AN
Women who completed a pregnancy in the last 12 months who received prenatal care in the first trimester, 2008 (%)	76.7	64.7	72.6	60.4	76.5	55.1
Infant deaths per 1,000 live births, birth weight <1,500 g, 2005	227.3	245.2	234.2	266.9	237.7	236.9
Maternal deaths per 100,000 live births, 2005	11.7	9.6	11.1	36.5	11.7	DSU
Birth trauma-injury to neonate per 1,000 selected live births, 2008	2.6	1.9	*	2.0	2.4	—
Obstetric trauma per 1,000 vaginal deliveries without instrument assistance, 2008	25.9	18.4	*	13.3	40.7	—
Obstetric trauma per 1,000 instrument-assisted deliveries, 2008	147.1	113.5	*	84.5	193.4	—

* For this measure, race and ethnicity are combined.
DSU = data statistically unreliable.
— = data not available.

Mental Health and Substance Abuse

Mental disorders are common in the United States and internationally. An estimated 26.2% of Americans ages 18 and older suffer from a diagnosable mental disorder in a given year. According to the World Health Organization, unipolar depression, predicted to be the second leading cause of global disability burden by 2020, is twice as common in women.

- ❑ In 2009, Black women received treatment for depression less frequently than White women and Hispanic women received treatment less frequently than non-Hispanic White women.
- ❑ In 2009, Hispanic women received treatment for substance abuse less frequently than non-Hispanic White women.

Mental Health and Substance Abuse Measures (2009) (%)	Ethnicity	Race				
	Non-Hispanic White	Hispanic	White	Black	API	AI/AN
Women with a major depressive episode in the last 12 months who received treatment for depression in the last 12 months	71.6	51.7	68.9	59.6	DSU	DSU
Women age 12 and over who needed treatment for illicit drug use or an alcohol problem and who received such treatment at a specialty facility in the last 12 months	10.5	5.1	9.7	9.6	DSU	DSU

DSU = data statistically unreliable.

Supportive and Palliative Care

Supportive and palliative care focuses on enhancing patient comfort and quality of life and preventing and relieving symptoms and complications. In 2009:

- ❑ Compared with non-Hispanic White women, a higher percentage of AI/AN long-stay nursing home residents experienced moderate to severe pain.
- ❑ Female long-stay nursing home residents were more likely than male residents to have a urinary tract infection. A higher percentage of non-Hispanic White women had infections than Black and API women.
- ❑ The percentage of female long-stay nursing home residents whose depression or anxiety increased was higher for non-Hispanic Whites than for Blacks, Hispanics, and APIs.

Supportive and Palliative Care Measures (2009) (%)	Non-Hispanic White*	Hispanic	Black	API	AI/AN
Long-stay nursing home residents with moderate to severe pain	6.7	5.3	5.2	2.9	9.7
Long-stay nursing home residents with a urinary tract infection	10.1	8.7	7.4	6.9	9.3
Long-stay nursing home residents whose depression or anxiety increased	16.2	12.5	11.9	10.0	15.0

* For these measures, race and ethnicity are combined.

Health Care Delivery and Systems

Information about health care delivery and systems is presented in the chapters about Patient Safety, Timeliness, Patient Centeredness, Care Coordination, Efficiency, Health System Infrastructure, and Access to Care. Several measures address women's health within these areas.

- ❑ In 2008, the percentage of women whose provider did not listen, explain things well, respect what they had to say, or spend enough time with them was higher for Blacks than for Whites.
- ❑ In 2008, the percentage of women who indicated that their provider did not include them in making decisions about their care was higher for Asians than for Whites.
- ❑ Overall, in 2008, both men and women felt that their health provider explained and provided all treatment options.
- ❑ In 2009, AI/AN women were less likely to have health insurance than White women, and Hispanic women were less likely to have health insurance than non-Hispanic White women.
- ❑ In 2008, the percentage of people without a usual source of care who indicated a financial or insurance reason for not having a usual source of care was higher for Hispanic women than for non-Hispanic White women.
- ❑ In 2009, the percentage of women who identified a hospital, emergency room, or clinic as their primary source of ongoing care was higher for AI/AN women than for White women and for Hispanic women than for non-Hispanic White women.
- ❑ In 2008, White women were more likely than non-Hispanic White women to be unable to get or to delay getting care in the past 12 months.

Health Care Delivery and Systems Measures (2008 and 2009) (%)	Non-Hispanic White	Hispanic	White	Black	Asian	AI/AN
Women who had an appointment with their health provider in an office or clinic in the last 12 months whose health provider sometimes or never listened carefully, explained things clearly, respected what they had to say, and spent enough time with them, 2008	9.0	10.1	9.1	12.1	11.2	DSU
Women with a usual source of care whose health provider sometimes or never asked for the person's help to make treatment decisions, 2008	14.3	18.9	15.0	17.0	22.5	DSU
Women with a usual source of care for whom health providers explained and provided all treatment options, 2008	94.3	93.7	94.2	95.6	92.2	91.7
Women under age 65 with health insurance, 2009	88.2	70.6	84.7	83.2	85.5 (Asian)	
80.8 (NHOPI)	72.4					
Women without a usual source of care who indicated a financial or insurance reason for not having a source of care, 2008	16.9	30.1	20.8	20.8	11.7	DSU
Women who identified a hospital, emergency room, or clinic as a source of ongoing care, 2009	15.6	34.4	18.8	26.1	17.2	52.9
Women who were unable to get or delayed in getting needed medical care, dental care, or prescription medicines in the last 12 months, 2008	12.2	7.4	11.4	9.9	6.3	DSU

NHOPI = Native Hawaiian or Other Pacific Islander.

DSU = data statistically unreliable.

Summary

Improving quality and reducing disparities require measurement and reporting, but these are not the ultimate goals. The fundamental purpose of improvement in health care is to make all patients' and families' lives better. The NHQR and NHDR concentrate on tracking health care quality and disparities at the national level, but the statistics reported in the reports reflect the aggregated everyday experiences of patients and their providers across the Nation. It makes a difference in people's lives when breast cancer is diagnosed early with timely mammography; when a patient suffering from a heart attack is given the correct lifesaving treatment in a timely fashion; when medications are correctly administered; and when doctors listen to their patients and their families, show them respect, and answer their questions in a culturally and linguistically skilled manner.

Additional Information

The 2011 National Healthcare Quality Report and National Healthcare Disparities Report are available online at www.ahrq.gov/qual/qrdrl1.htm.

Information on programs and activities related to women's health and minority health at the Agency for Healthcare Research and Quality is available on the AHRQ Web site at www.ahrq.gov/research/minorix.htm. For information and/or questions about specific activities related to priority populations, you may contact us at: Prioritypops@ahrq.hhs.gov.

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