



FACTS

about
Connecticut
Women

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Racial & Ethnic Disparities in Healthcare

The Connecticut Women's Health Campaign supports increased education and awareness, early intervention and treatment, and equal access to health care to address racial and ethnic disparities in healthcare.

The Problem

In Connecticut, the leading causes of death for women are major cardiovascular disease, cancer, diabetes, chronic lower respiratory, and HIV/AIDS.ⁱ There is a clear racial and ethnic disparity as African-American and Hispanic women are at a greater risk for these diseases than White women. The extent of the problem with Asian populations is unknown due to lack of sufficient data.

Major Cardiovascular Disease

African-Americans are at greater risk for heart disease, stroke and other cardiovascular diseases than Caucasians. The prevalence of these diseases in Black females is 49%, compared to 35% in White females.ⁱⁱ High blood pressure is a leading cause of stroke. The rate of high blood pressure for Black/African-American females age 20 and older is 46.6%.ⁱⁱⁱ The risk of heart disease and stroke increases with physical inactivity. Physical inactivity is more prevalent in women, African-Americans and Hispanics.

Cancer

Lung Cancer

In 1987, lung cancer surpassed breast cancer as the leading cause of cancer-related deaths for women.^{iv} African American women have the highest rates of lung cancer incidence, followed by Caucasian, Asian Pacific, Hispanic and American Indian/Native Alaskan women.^v In the United States, lung cancer is the leading cause of cancer deaths in the Hispanic community.^{vi} Between 1999 and 2002 in Connecticut, Hispanic women had a 32% incidence rate of lung cancer.^{vii} Smoking is the primary cause of lung cancer, followed by exposure to secondhand smoke.

Breast Cancer

In Connecticut, White women have a breast cancer incidence rate of 135.5. This rate is higher than Blacks (121.7), Asian and Pacific Islanders (109.3) and Hispanics (107.2).

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However, Black women have a higher estimated mortality rate than White women, 33.8 and 25.4 respectively.^{viii} The disparity between incidence and mortality rates is attributed to Black women being diagnosed with breast cancer at a later stage, when five-year survival is less likely.^x This data strongly suggests that early detection of breast cancer in Black women would reduce the disproportionately high mortality rates experienced by this group. Additionally, a new study indicates that the differences in mortality rates may be due to a difference in tumor biology between the races.^x In the study of 2,140 women with breast cancer, findings indicated that African-American women were more likely to have larger tumors and/or different types of breast cancer, such as estrogen receptor negative disease, that is more difficult to treat. In addition to getting regular mammograms the American Cancer Society recommends increased physical activity, minimal alcohol consumption and the avoidance of obesity as ways to reduce the risk of breast cancer.^{xi}

Ovarian Cancer

Ovarian cancer is the fifth most common cancer found in American women and occurs in 1 out of 57 women.^{xii} In 2004, approximately 25,500 women were diagnosed with ovarian cancer, and about 50 percent of diagnosed women died within five years of cancer detection.^{xiii} There are racial disparities connected with this disease. In 2000, the death rate among African American women was 5.9 per 100,000, compared to 3.0 among Asian/Pacific Islanders, and 2.7 among White women.^{xiv} The rate of death from ovarian cancer was higher in women who were overweight - the risk went up by 50% in the heaviest women.^{xv} Studies have recognized that for women, being overweight or obese in adolescence or young adulthood is linked with an increased risk of being diagnosed with ovarian disease.^{xvi}

Additionally, according to a study from the University of California at Berkeley, obese women "...are more likely than non-obese women to delay pap tests, pelvic exams and mammograms, even though they are "moderately" or "very concerned" about cancer."^{xvii} They avoid or delay these procedures due to embarrassment, previous humiliating experiences, and lack of proper instruments, i.e. unsuitably sized equipment like speculums, exam tables, and fitting gowns.

Cervical Cancer

Approximately 14,000 women are diagnosed with cervical cancer each year with more than 3,900 dying as a result of this disease. Risks of cervical cancer include human papilloma virus or HPV and smoking. Similar to ovarian cancer, there are also racial and ethnic health disparities in connection with cervical cancer. For example, in 2001, black women had the highest age-adjusted mortality rate from cervical cancer (4.8 per 100,000), followed by Hispanic women (3.4 per 100,000). From 1992-2000, African American women were less likely to survive cervical cancer five years after diagnosis compared with white women (African American: 62.6%; white: 73.3%) (Health US, 2003, table 54).^{xviii}

In addition, knowledge of the advantages of pre-screening, such as pap tests, varies based upon socio-economic status. In 2005, the Guttmacher Institute released data about a study that questioned 338 women undergoing cervical screening via pap testing. The average of correct answers was 8.7 out of 20 questions. The scores were higher among

white women (10.2), than among blacks (8.4) and Hispanics (7.4); higher among women with more than a high school education than among women with less education (10.0 vs. 7.9); and higher among women with an annual household income of at least \$10,000 than among those with a lower income (9.3 vs. 8.4).^{xx}

Diabetes

Approximately 9.1 million women in the United States have diabetes. The prevalence of diabetes is at least two to four times higher among African American, Latino, Native American and Asian/Pacific Islander women than among Caucasian women.^{xx} Women with diabetes are at greater risk for heart disease and stroke. According to the Connecticut Department of Public Health, Black and Hispanic women have higher mortality rates due to diabetes and diabetes-related causes than White women. Between 1999 and 2001, Black women died at a rate of 40.2 per 100,000 and Hispanic women at a rate of 28.9, as compared to the rate of 14.1 for White women.^{xxi} When analyzing diabetes-related deaths, the rates of death for Black and Hispanic women dramatically increased to a rate of 128.4 and 86.3 per 100,000 respectively, as compared to 53.5 for White women.^{xxii}

Almost 1.25 million Connecticut adults are at increased risk of developing diabetes because they are overweight, have a sedentary lifestyle, or have a history of gestational diabetes, all of which are known risk factors.^{xxiii}

HIV/AIDS

Racial and ethnic populations have been disproportionately affected by the HIV/AIDS epidemic in Connecticut. Although Blacks/African-Americans and Hispanics represent 9.1% and 9.4% of Connecticut's population,^{xxiv} 62.3% of reported AIDS cases and 65.9% of reported HIV infections are among these populations.^{xxv} Among women, the disparities are even more dramatic, with Black/African-American and Hispanic women representing 70.2% of females with AIDS, and 72.3% of females with HIV infection.^{xxvi}

The Causes

Two common risk factors for all of the above mentioned diseases, except HIV/AIDS, are obesity and smoking.

Obesity

Throughout the United States, obesity has increased in people of all ethnic groups, ages and genders. This is not an isolated threat to health, nor one limited to a particular population group. However, among some racial, ethnic and socioeconomic groups, the prevalence of obesity and many obesity-related risk factors are especially high.

Obesity is more common among African-American and Hispanic women and children. Among adult women, obesity is highest among African American and Mexican American women. Of females ages 20 and older, 77.3% of Black/African-American women,^{xxvii} and 71.7% of Mexican-American women are overweight or obese.^{xxviii} According to a national study conducted between 1986 and 1998, overweight prevalence rose more than 120% among African Americans and Hispanic children, compared to 50% among Whites.^{xxix}

While personal choice plays a role in the rise of obesity, it alone is not responsible for the epidemic we face today. In some groups, lower incomes are associated with higher prevalence of obesity. Some low-income neighborhoods have many fast food restaurants, but few have stores or markets that sell nutritious foods. Women of lower socioeconomic status (incomes less than 130% of poverty threshold or \$22,660 – \$24,258 for a family of four) are about 50% more likely to be obese than those of higher socioeconomic status.^{xxx}

Many lack access to safe places to play and be active. Communities with a higher percentage of African American residents tend to have fewer available parks and green spaces. Of African-American females age 18 and older, 55.2% are inactive, compared to 36.2% of White females.^{xxxi} Black and Hispanic children are significantly less likely than White children to report involvement in organized physical activity, as are children with parents who have lower income and educational levels.^{xxxii} In addition, many Americans of limited economic resources simply cannot purchase healthy food, join health clubs, or participate in organized sports or physical activity programs.

Smoking

Tobacco use has been a women's health issue dating back to the 1920's when tobacco companies recognized women as a target for their product. Since the 1980's there has been a dramatic increase in smoking related illnesses among women, including lung cancer and heart disease.^{xxxiii}

In Connecticut, 18% of women smoke (283,100 women) and 7% are pregnant women.^{xxxiv} The smoking rates in African-American and Hispanic communities continue to increase as tobacco companies continue to market to young African American and Hispanic women. Nationally, 19% of African American women,^{xxxv} and 11% of Hispanic women are current smokers.^{xxxvi} Overall, in the United States, 20% of women smoke.^{xxxvii}

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ⁱ U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, National Center for Health Statistics, *Mortality by State, Race/Ethnicity, Gender, Age and Causes, 1999-2002*, accessed 9/05 at <http://www.cdc.gov/nchs>.

ⁱⁱ American Heart Association. *Heart Disease and Stroke Statistics – 2007 Update (based on 2004 figures)*.

ⁱⁱⁱ *Ibid.*

^{iv} American Cancer Society. *Cancer, Facts and Figures 2005*. Atlanta, GA: American Cancer Society.

^v *Ibid.*

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- ^{viii} National Cancer Institute. *State Cancer Profiles 2002*,
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- ^x Bakalar, Nicholas. "Tumor Types May Explain Survival Rates for Cancer," *New York Times*, October 24, 2006.
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- ^{xii} *General Ovarian Cancer Statistics: Ovarian Cancer is a Serious and Under-Recognized Threat to Women's Health*.
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- ^{xiv} Centers for Disease Control and Prevention, National Center for Health Statistics, *Healthy Women: State Trends in Health and Mortality*. <http://www.4woman.gov/pub/steps/Cancer.htm>
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http://www.cancer.org/docroot/CRI/content/CRI_2_2_2X_What_causes_ovarian_cancer_33.asp?rnav=crl
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<http://www.cancer.gov/newscenter/obesity1>
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<http://www.naaso.org/news/20051017a.asp>
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- ^{xx} American Diabetes Association.
www.diabetes.org/uedocuments/WomenFinal.pdf
- ^{xxi} CT Department of Public Health. *Connecticut Resident Mortality Summary Tables by Gender, Race & Hispanic Ethnicity, 1999-2001*. Diabetes Deaths: All females 83.2; Black females 40.2; Hispanic Females 28.9, White females: 14.1.
- ^{xxii} *Ibid.* Diabetes-Related Deaths: All females 268.2; Black females 128.4; Hispanic Females 86.3, White females: 53.5.
- ^{xxiii} CT Department of Public Health. *Diabetes Fact Sheet*
www.dph.state.ct.us/BCH/HEI/diabetes.htm
- ^{xxiv} U.S. Census Bureau, Census 2000, *Table DP-a. Profile of General Demographic Characteristics*.
- ^{xxv} CT Department of Public Health. *CT HIV/AIDS Statistics through December 31, 2004*, available at www.dph.state.ct.us/BCH/infectiousdise/2003/final%20pages/topic_index_X.htm, accessed on 1/19/06. AIDS Cases: Total 13,889, White 5,178, Black 5,130, Hispanic 3,518, and Other 63. HIV Cases: Total 1,031; White 340, Black 281, Hispanic 398, and Other 12.
- ^{xxvi} *Ibid.* Females with AIDS: Total 3,840, White 1,130, Black 1,605, Hispanic 1,090, and Other 15. Females with HIV: Total 382; White 102, Black 122, Hispanic 154, and Other 4.
- ^{xxvii} *See*, endnote ii.
- ^{xxviii} Hedley AA et. al. *Prevalence of overweight and obesity among US children, adolescents and adults, 1999-2002*. *Jama* 2004;291:2847-50 and *Vital Health Stats*, Feb 200, Series 10, No.219.
- ^{xxix} *Ibid.*

^{xxx} Dept HHS, *Healthy People 2010 2nd ed.*

^{xxx}_i *See, endnote ii.*

^{xxx}_{ii} *Physical activity levels among children aged 9 – 13 years, United States, 2002.* MMWR 2003; 52 (33): 785-8.

^{xxx}_{iii} Campaign for Tobacco Free Kids. *Background on Women and Girls and Tobacco, 2004.*

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^{xxx}_v Campaign for Tobacco Free Kids. *Tobacco Use Among African Americans, 2004.*

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^{xxx}_{vi} *See, endnote v.*

^{xxx}_{vii} *See, endnote xxxiv.*