

Reducing Racial and Ethnic Disparities in Reproductive Health Care

The Need for Action

Racial and ethnic disparities in reproductive health care jeopardize women's health and lives. Of particular concern, women of color experience shockingly high maternal and infant mortality rates.¹ This disparity may be caused by a variety of factors, including:

- limited or no access to prenatal care;
- lack of research on health issues affecting women of color;
- lack of health insurance;
- language barriers;
- racial and ethnic discrimination;
- socioeconomic status; and
- distrust of the medical community.²

But these are only some of the possible reasons — others are still unknown. Researchers do not entirely understand what medical and non-medical factors contribute to this problem, highlighting the need for additional research.

Even when the reasons for racial and ethnic disparities are known, the information is of questionable value if women of color and health care providers are not aware of these disparities. For example, women of color are disproportionately affected by sexually transmitted diseases (STDs), including HIV,³ and African American women suffer disproportionately from fibroids.⁴ But many women of color receive inadequate care due to a lack of knowledge about such conditions.⁵ Targeted education and outreach programs are vital to improving the reproductive health of women of color.

Public health research, education and outreach campaigns often are conducted or sponsored by state Departments of Health. In some states, these campaigns are conducted or sponsored by Offices of Women's or Minority Health, often within the Department of Health. While women's and minority health offices are not necessary to achieve racial and ethnic disparity research, education and outreach goals, they can be of benefit in identifying relevant issues, providing expertise and allocating resources that may otherwise go to competing public health issues.

The proactive policy initiatives in this section focus on reducing racial and ethnic disparities in reproductive health care through research, education and outreach regarding risk factors and prevention strategies. The primary goals of these policies are to:

- (1) identify state-specific racial disparities in maternal and infant health through research;
- (2) educate targeted communities and medical providers about risk factors and prevention strategies for health conditions that disproportionately affect women of color; and
- (3) provide dedicated staff and resources to research and monitor racial and ethnic health disparities and implement prevention initiatives.



Developing Your Plan of Action

Before choosing a policy initiative to reduce racial and ethnic disparities in health care, you should gather information on existing research and prevention programs in your state. Questions to ask include:

- Have any agencies conducted studies on racial and ethnic disparities in maternal and infant health? Are there any existing state or privately funded initiatives to identify risk factors and prevent racial and ethnic disparities in maternal and infant health? If there are existing studies, do they fully address the issue to best meet the needs of women of color in your state?

If not, consider Option 1.

- What, if any, health education and outreach campaigns targeted at women of color and other medically underserved people have been conducted by your state? Are these programs culturally and linguistically appropriate? Do they address a broad range of reproductive health issues that disproportionately affect women of color?

If not, consider Option 2.

- Is there a person or an office within your state Department of Health that focuses on women's health and/or minority health? If there are liaisons instead of specific offices, are the liaisons addressing the issues as effectively as offices devoted to women's and minority health might?

If not, consider Option 3.

GATHERING FACTS

The following organizations and resources can assist you in gathering information on racial and ethnic health disparities in your state:

Healthy People 2010 is a comprehensive, nationwide health promotion and disease prevention agenda. All of the Healthy People 2010 objectives are aimed at achieving improved health for all American citizens, with special emphasis on erasing disparities in health for the most disadvantaged. Information on Healthy People 2010 can be accessed at <http://www.health.gov/healthypeople/Publications>;

The **Institute of Medicine (IOM)** identifies concerns in medical care, research and education, and secures the services of members of appropriate professions to examine policy matters relating to public health. In 2002, IOM released **UNEQUAL TREATMENT: CONFRONTING RACIAL AND ETHNIC DISPARITIES IN HEALTH CARE**, which can be viewed at <http://www.nap.edu/books/030908265X/html>;

LLEGÓ: The National Latina/o Lesbian, Gay, Bisexual and Transgender Organization works to eradicate health care disparities based on race, ethnicity, culture and sexual orientation. LLEGÓ's Community Education and Training Program addresses health disparities, including HIV/AIDS and cervical cancer. For more information, contact LLEGÓ at (202) 408-5380 or <http://www.llego.org>;

GATHERING FACTS (CONTINUED)

The U.S. Department of Health and Human Services, **Maternal and Child Health Bureau**, includes links to state offices and publications, including THE SNAPSHOT — a report containing state-specific information and programs regarding maternal and child health, <http://mchb.hrsa.gov/programs/blockgrant/directors.htm> and <http://mchb.hrsa.gov/programs/blockgrant/snapshot2000.htm>;

The **National Asian Women's Health Organization (NAWHO)** provides links to research and resources, including their report, EXPANDING OPTIONS: A REPRODUCTIVE AND HEALTH SURVEY OF ASIAN AMERICAN WOMEN, <http://www.nawho.org/?p=17618>;

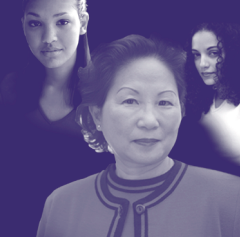
The **National Black Women's Health Project (NBWHP)** is a leading voice in the effort to eliminate racial and gender health gaps for black women. NBWHP's website contains extensive information, including a factsheet entitled, ELIMINATING AFRICAN AMERICAN HEALTH DISPARITIES, and an on-line research study to determine why a majority of black women are unwilling to participate in health research studies and clinical drug trials, <http://blackwomenshealth.org>;

The **National Center for Education on Maternal and Child Health** maintains the Healthy Start Collection Database — an online catalog of over 2000 items related to maternal and child health, including the report, RACIAL AND ETHNIC DISPARITIES IN MATERNAL AND CHILD HEALTH, POLICY BRIEF NO. 3 (Nov. 1998), <http://www.mchlibrary.info/pubs/PDFs/Disparities.pdf>;

The **National Institutes of Health** recently published the WOMEN OF COLOR HEALTH DATA BOOK, which contains detailed, comprehensive information on factors affecting and ways of improving the health of women of color, <http://www.4woman.gov/owh/pub/woc/toc.htm>; and

The U.S. Department of Health and Human Services **Offices of Minority and Women's Health** include links to regional and state offices on their websites:

- The Office of Minority Health, <http://www.omhrc.gov/omh/sidebar/aboutOMH.htm>
- The Office on Women's Health, <http://www.4woman.gov/owh/reg/contacts.htm>.



Proactive Policy Options

OPTION 1

CONDUCT RESEARCH ON RACIAL AND ETHNIC DISPARITIES IN MATERNAL AND INFANT MORTALITY RATES

BACKGROUND

Women of color experience dramatically high maternal and infant mortality rates. For example, African American women are four times as likely, and American Indian and Alaska Native women are nearly twice as likely, to die of pregnancy complications compared with white women.⁶ In addition, infant death rates among most communities of color are significantly higher than the national average⁷ — in fact, the infant mortality rate in some American Indian communities is almost twice the national average.⁸

- Suspected causes of **higher maternal mortality rates** for women of color include socioeconomic status, health insurance coverage and quality of care available in the community. Language and legal barriers

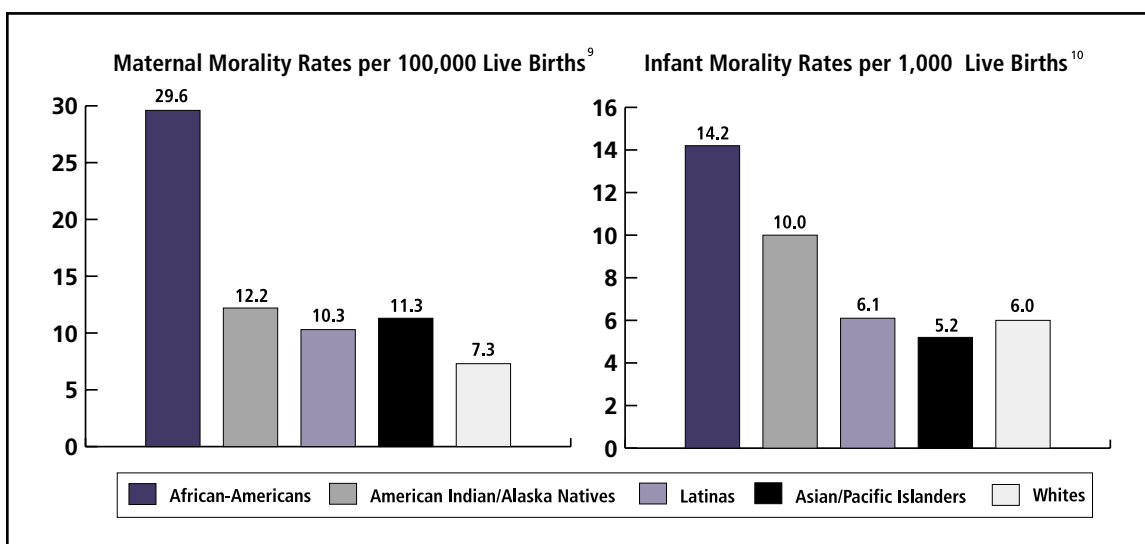
also may prevent some immigrant women from receiving adequate prenatal care.¹¹

- **Higher infant mortality rates** for minorities are likely due to an increased rate of a variety of risk factors, which vary among particular communities of color. Among these risk factors are young maternal age, close spacing between live births, less education and inadequate prenatal care.¹²

Because not enough is known about why these racial and ethnic disparities in maternal and infant health exist, additional research is needed to identify causes and design initiatives to reduce these disparities.

ACTION

Direct the Department of Health, Office of Women's Health, Office of Minority Health or Office of Maternal and Child Health to conduct a study of racial and ethnic disparities in maternal and infant mortality rates and to make recommendations for eliminating such disparities.



STRATEGY GUIDE

- **FIRST**, determine what research already exists on racial and ethnic disparities in maternal and infant health in your state.
 - > *The National Health Law Program (NHeLP) has a contract with the Federal Office of Minority Health to examine policies and practices regarding state data collection of race, ethnicity and primary language statistics. For information about the policies and practices in your state, contact NHeLP at (202) 289-7661.*
 - > *Your state Department of Health or Offices of Women's and/or Minority Health also should be able to assist you in gathering this information.*
- **IF THERE IS NO RESEARCH, OR THE RESEARCH IS INSUFFICIENT**, develop an effective policy campaign to obtain a comprehensive study on racial and ethnic disparities.
 - > *Refer to **Section 1** of this kit to identify key elements of a proactive policy campaign.*
 - > *Use the **Model Legislation** in this section as a guide for your policy campaign.*
 - > *If there is an Office of Maternal and Child Health or Women's and Minority Health in your state, staff should be able to advise you on the most appropriate study, as well as on what directives and funds are needed to implement this policy initiative.*
 - > *Depending on the politics of your state, this option may be achieved without legislation by lobbying the appropriate decision-maker, such as the director of health.*

NATIONAL CENTER ON MINORITY HEALTH AND HEALTH DISPARITIES

Established in 2000, The National Center on Minority Health and Health Disparities (NCMHD), part of the National Institutes of Health (NIH), coordinates NIH's efforts to reduce, and ultimately eliminate, health disparities. NCMHD promotes research on minority health by funding studies in minority and medically underserved communities. For example, NCMHD provided joint funding for a fibroid growth study. Because NCMHD is in the early stages of development, advocates should monitor the site for important new developments. For more information on NCMHD, log on to <http://ncmhd.nih.gov>.



This policy option has a potential cost to the state, which may create opposition if your state is facing a budget deficit. However, Part B of the model legislation counters this cost concern by shifting costs, where possible, to the federal government.



MODEL LEGISLATION

TO CONDUCT RESEARCH ON RACIAL AND ETHNIC DISPARITIES IN MATERNAL AND INFANT MORTALITY

- A. Within two years following the date of enactment of this law, the [Department of Health/Office of Women's Health/Office of Minority Health/Office of Maternal and Child Health] shall conduct and complete a study of racial and ethnic disparities in infant and maternal complications and mortality. The study shall consolidate data across state agencies, identify gaps in data collection and research, including research on risk factors and prevention strategies, and develop recommendations that foster collaboration among state agencies in identifying and eliminating such disparities. The [Department/Office] shall release the report to the public upon completion.
- B. As part of the study, the [Department of Health/Office of Women's Health/Office of Minority Health/Office of Maternal and Child Health] shall determine whether federal funds are available to develop surveillance systems and research risk factors and prevention strategies, including, but not limited to, funds from the Centers for Disease Control and Prevention, the National Institutes of Health and the Health Resources and Services Administration. If such federal funds exist, the [Department/Office] is directed to use its best efforts to obtain such funds for this purpose.

OPTION 2**PROMOTE TARGETED HEALTH EDUCATION AND OUTREACH CAMPAIGNS****BACKGROUND**

A variety of reproductive health conditions disproportionately affect women of color. For example, African American women are over three times as likely as white women to suffer from fibroids.¹³

Latinas are the most likely to get cervical cancer — with African American women and Vietnamese women also experiencing disproportionately high incidence rates.¹⁴ Further, women of color are at much greater risk than white women for STDs, including HIV.¹⁵ But many women of color and health care providers are unaware of these risks. Moreover, language barriers, cultural stereotypes, racial and ethnic discrimination and inadequate health care services magnify the problem by keeping women of color from seeking medical treatment or receiving adequate medical care.

- **Language differences** are one of the major obstacles blocking people of color, especially recent immigrants, from seeking medical care.¹⁶ For example, 14 percent of Latinos reported feeling judged unfairly or treated with disrespect because of how well they speak English, compared to one percent of whites.¹⁷
- **Cultural stereotypes** on the part of physicians put women at risk. A study of 400 women aged 18 to 62 in Los Angeles County indicate that doctors often fail to offer Asian women HIV tests because of cultural stereotypes about patients at risk for HIV,¹⁸ even though Asian and Pacific

Islander adult and adolescent females make up 27 percent of HIV cases.¹⁹

- Egregious **historical discrimination** has contributed to a lingering distrust of the medical profession among women of color.²⁰ In addition, people of color often avoid seeking health care because they feel they have been discriminated against. A 1999 survey conducted by the Kaiser Family Foundation found that 64 percent of African Americans and 56 percent of Latinos said that they, a family member or friend had been treated unfairly because of their race or ethnicity when seeking medical care, compared to 15 percent of whites.²¹
- Many women of color feel that **health care services are inadequate** for their needs. A focus group of women of color with HIV/AIDS overwhelmingly agreed that public and private health care generally “does not adequately incorporate knowledge of the cultural characteristics, values, norms, health beliefs and behaviors of different ethnic and racial sub-populations in the design and delivery of health care services.”²²

Through targeted public education and outreach, women of color can receive the information and tools needed to safeguard their reproductive health. To be most effective, programs should target high-risk populations, be culturally and linguistically appropriate, have community input and include intensive outreach in settings frequented by targeted populations.²³

ACTION

Direct the state to conduct or sponsor targeted education and outreach programs informing women of color and health care providers about health care issues that disproportionately affect women of color.



RACIAL AND ETHNIC APPROACHES TO COMMUNITY HEALTH (REACH)

Racial and Ethnic Approaches to Community Health (REACH) 2010 is the cornerstone of the Centers for Disease Control and Prevention's (CDC) efforts to eliminate racial and ethnic disparities in health. The program is designed to support community-driven strategies that eliminate disparities in six priority areas, including breast and cervical cancer, HIV infections/AIDS and infant mortality.²⁴ One example of a REACH 2010 project is Reach Out — a Chicago-area collaboration that draws on leadership within African American and Latino churches to encourage low-income African American women and Latinas to seek cervical cancer screening. Using information from focus groups conducted during the planning phase, Reach Out initiated three pilot educational forums that provide clinically sound and spiritually relevant information on how cancer could affect the community.²⁵ For more information on REACH, go to <http://www.cdcgov/reach2010>.

STATE-BASED ADVOCACY AT WORK

CALIFORNIA

To combat the misconception that Asian and Pacific Islanders (API) are not at risk for HIV/AIDS, the California Department of Health Services (DHS) sponsored a public health education campaign targeted at API communities. In 1998, DHS produced two 30-second television public service announcements (PSAs) as part of a statewide media campaign to raise awareness about HIV/AIDS among Asian and Pacific Islanders. The PSAs, produced in six languages — Cantonese, Mandarin, Korean, Tagalog, Vietnamese and English — addressed cultural taboos that prevent open communication about personal experiences.²⁶

NORTH CAROLINA

Health officials in Durham, North Carolina attribute the recent 15 percent decline in the county's mortality rate to several targeted education and outreach initiatives, including: (1) a community prenatal care clinic; (2) a program that provides county health nurses in two public housing projects; and (3) a task force that brings together health care providers, government officials and community residents to discuss racial and ethnic disparities in infant mortality.²⁷

TEXAS

The Texas Department of Health/Bureau of STD/HIV Prevention conducted an STD media campaign to educate young people in East Texas about the risks associated with gonorrhea and chlamydia. Among the teenage African American girls who reported seeing the campaign, recognition of the STDs mentioned in the campaign rose dramatically. Before the campaign, respondents were asked to name an STD — 28 percent of the girls listed chlamydia and 43 percent mentioned gonorrhea. After the campaign, mention of those same STDs rose to 62 and 76 percent, respectively.²⁸

STRATEGY GUIDE

- **FIRST**, contact your state Department of Health to determine which state agency or office is charged with conducting health education and outreach programs on health issues of relevance to women of color.

> For assistance in identifying which state official, office or agency to contact, see the **Gathering Facts** box in this section and check your state's official website.

- **NEXT**, contact the appropriate agency to determine whether your state is currently conducting or sponsoring any health education and outreach programs targeting women of color.

- **IF SO**, evaluate existing health education and outreach programs to identify gaps or health issues that have not yet been addressed. Are there particular health care challenges that women of color face in your community that could be highlighted as part of a public education campaign? Are there particular communities that could be targeted?

> State officials and advocacy groups focused on obtaining equal access to health care can help answer this question.

- **IF NO PROGRAMS CURRENTLY EXIST, OR IF THOSE THAT DO EXIST ARE INADEQUATE IN REACHING WOMEN OF COLOR**, develop an effective policy campaign to ensure that women of color in your state receive the information they need to obtain comprehensive reproductive health care.

> To identify key elements of a proactive policy campaign, refer to **Section 1** of this kit.

> Use the **Model Legislation** in this section as a guide for your policy campaign.

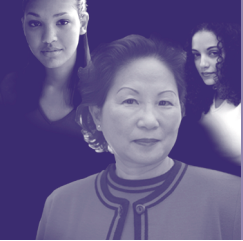
> Depending on the politics in your state, this policy option may be achieved without legislation by lobbying the appropriate decision-maker, such as the Director of Health.

> In developing and implementing targeted public health education and outreach campaigns, the state can and should consider partnering with community organizations, including nonprofit organizations, consumer groups, universities, health facilities and the media. For example, the United States Department of Health and Human Services recently partnered with the National Black Women's Health Project and ABC Radio to create the "Closing the Health Gap" campaign. For more information about this campaign to educate African Americans about racial and ethnic health disparities, contact the NBWHP at (202) 548-4000 or <http://blackwomenshealth.org>. The **Model Legislation** in this section is written to give the state flexibility to create a campaign and/or provide grants to community organizations working on these issues.

> To ensure that such campaigns provide medically accurate information, you may also consider recommending or requiring the state to develop materials in concert with respected medical and public health organizations with expertise in the field.



This policy option will cost the state money at the outset, but may result in early detection of medical problems with long-term cost savings. In addition, the model legislation in this section includes a cost-shifting provision directing the state to seek potential federal funds for the study.



MODEL LEGISLATION

PROMOTING TARGETED HEALTH EDUCATION AND OUTREACH CAMPAIGNS

- A. Twice each year, the [Department of Health/Office of Women’s Health/Office of Minority Health] shall [conduct/fund] health education and outreach campaigns directed at women of color and health care providers on health disparities adversely affecting women of color.

- B. The first such campaign shall be implemented within six months of enactment of this bill.

- C. The director of the state [Department of Health/Office of Women’s Health/Office of Minority Health] shall determine whether federal funds are available to develop demonstration projects including, but not limited to, funds from the Centers for Disease Control and Prevention, the National Institutes of Health and the Health Resources and Services Administration. If such federal funds exist, the [Department of Health/Office of Women’s Health/Office of Minority Health] is directed to use its best efforts to obtain such funds for this purpose.

- D. Each campaign shall include an evaluation component to assess the impact of the campaign on raising awareness of:
 - (1) the featured health disparity; and
 - (2) available resources to combat the health disparity.

ACCESS TO PERINATAL CARE: A KEY FACTOR IN REDUCING RACIAL AND ETHNIC DISPARITIES IN MATERNAL AND INFANT HEALTH

- Eighty-eight (88) percent of white women in this country receive first trimester prenatal care, compared to only 74 percent of African American women and 74 percent of Latinas.²⁹
- A CDC study revealed that African American women and Latinas were over twice as likely as white women to obtain delayed or no prenatal care.³⁰

While access to health care does not fully explain racial and ethnic disparities in maternal and infant health outcomes, improved access to perinatal care (prenatal care, delivery services and postpartum care) would clearly improve outcomes. Women who receive adequate prenatal care beginning in their first trimester tend to stay healthier and have healthier babies.³¹

Currently under federal law, states are required to provide Medicaid coverage to pregnant women with incomes up to 133 percent of the federal poverty level (FPL),³² but have the option of automatically extending income eligibility levels up to 185 percent of the FPL.³³ States also may expand Medicaid coverage for pregnant women above the 185 percent threshold by disregarding a portion of the applicant's income that would otherwise place her outside the eligibility requirements.³⁴ In addition, to encourage pregnant women to obtain Medicaid coverage, states may choose to streamline the enrollment process (for example, by providing immediate, temporary Medicaid coverage while applications are under review and creating multilingual application materials).³⁵

As part of your policy campaign to combat racial and ethnic disparities in maternal and infant health, you may consider addressing one of the known causes of these disparities — limited access to health care — by increasing low-income women's eligibility for and access to perinatal care through Medicaid. Request your state Medicaid director to expand Medicaid eligibility to the fullest extent possible and implement streamlined procedures to facilitate access.

To identify your state Medicaid director, go to <http://www.nasmd.org/members.htm>.

For more information on the scope of Medicaid coverage for perinatal care in your state, see Kaiser Family Foundation, *MEDICAID COVERAGE OF PERINATAL SERVICES: RESULTS OF A NATIONAL SURVEY*, pp. 7-9, at <http://www.kff.org/content/2001/2218/2218.pdf>.



In tight budget years, this policy option may be passed over or scaled down in favor of policies with little or no fiscal impact. Nonetheless, promoting such legislation provides a platform from which to articulate the need to coordinate efforts to reduce racial and ethnic disparities in health care.



OPTION 3

ESTABLISH STATE OFFICES OF WOMEN'S OR MINORITY HEALTH

BACKGROUND

Creating a dedicated office or agency of women's or minority health can help to elevate key reproductive health issues, as well as promote coordination of important research, services, education and training initiatives. For instance:

- **Vermont's Commission on Women**, established by the governor in 1964, acts as a public policy advisor and information source for both the governor and the legislature, serves as an educational resource by conducting research and outreach and acts as a clearinghouse for information and referrals to the general public.³⁶
- Likewise, the mission of **California's Office of Multicultural Health** is to work with the state health care providers and ethnic and racial communities to reduce gaps in the health status of California's diverse population.³⁷

Although almost all states have women's or minority health contacts within the state Department of Health, only 20 states have offices or agencies that deal specifically with women's health issues and only 35 states have offices or agencies that focus on minority health issues.³⁸

ACTION

Request the governor or state legislature to establish and fund state offices or agencies dedicated to addressing women's and minority health issues.

STRATEGY GUIDE

- **FIRST**, determine the lay of the land in your state. For example, are there state offices or programs charged with addressing reproductive health issues for women of color and low-income women? Are there separate offices of women's or minority health? If so, how well do they work together?

> For assistance in identifying which state official, office or agency to contact, see the **Gathering Facts** box in this section and check your state's official website.

- **ONCE YOU GATHER THIS INFORMATION**, decide whether a policy campaign to create an office dedicated to women's or minority health is appropriate.

> Consider whether the Department of Health is adequately addressing these issues. If so, it might be better to allocate state funds toward research and outreach campaigns.

- **IF THE ANSWER IS YES**, develop an effective policy campaign to promote such an office through either legislative or executive branch action.

> Refer to **Section 1** of this kit to identify key elements of a proactive policy campaign.

> Use the **Model Legislation** in this section as a guide to developing your policy campaign.

> Based on the demographics and politics of your state, determine what type of office to establish. While most such offices are dedicated to women's or minority health, it may also be possible to create one office that focuses on the health of women of color.

> If your governor has the power to establish offices of Women's and Minority Health, develop a plan to educate the governor on the need for the offices and to officially request executive action, such as an executive order creating such offices.



MODEL LEGISLATION

ESTABLISHING AN OFFICE OF [WOMEN'S/MINORITY] HEALTH

- A. The [governor/director of Department of Health] is directed to create an Office of [Women's/Minority] Health, whose mission shall be the identification and elimination of health disparities based on [gender/minority] status.
- B. The Office shall be located in the Office of the director of the Department of Health. The Office shall be lead by a staff director and advised by a community advisory group, which shall be created by the governor. The Office will be funded at the level of [] per year for the first three years of its existence.
- C. Activities of the Office of [Women's/Minority] Health shall include, but not be limited to:
1. researching health conditions affecting [women/minorities];
 2. recommending and monitoring health policies;
 3. conducting educational outreach campaigns to health providers and consumers on issues of special importance to [women's/minority] health care; and
 4. advancing innovative and cost-effective solutions to address health issues of [women/minorities].

