

# Health Disparities in Women Vary With Ethnicity

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WASHINGTON — More programs need to be developed to address the specific health needs of minority women, Elena Cohen said at the annual meeting of the American Public Health Association.

“Racial minorities are projected to make up almost half the population by 2050,” said Ms. Cohen, senior counsel at the non-profit National Women’s Law Center. “But

there’s not much analysis of [health data on] racial and ethnic groups by gender.”

The center analyzed data from all 50 states and the District of Columbia to compile a report, “Making the Grade on Women’s Health,” that outlines disparities in women’s health care ([www.nwlc.org/details.cfm?id=1861&section=health](http://www.nwlc.org/details.cfm?id=1861&section=health)).

Black women have the highest rate of Pap smears and the lowest rate of osteoporosis, but they have the shortest life expectancy and the highest poverty rate, and

are least likely to get prenatal care. They also have the highest mortality for coronary heart disease, stroke, and diabetes, and the highest incidence of AIDS and lung cancer.

Latinas have the lowest stroke mortality but are the second-least likely group to be screened for cervical cancer, and they fare worse than others in cervical cancer incidence and mortality. They have the highest rates of uninsured women and of women who get no leisure-time physical activity.

American Indian and Alaskan Native

women had the second-lowest mortality rate from stroke, but they fared worst of all groups for smoking, binge drinking, mortality from cirrhosis, and violence against them, Ms. Cohen said.

“The Asian-American/Pacific Islander group fared best in preventive health behaviors and in avoiding obesity and smoking,” she said, but the report noted that cervical and ovarian cancer disproportionately affect these women, who are also the second-least likely group to have had a mammogram within the last 2 years. ■

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