



Why Women of Color Cannot Wait for Health Reform

Women of color play a pivotal role in the health of our nation's workforce, families, and communities.

- Women and people of color are a growing demographic.
 - By 2042, people of color are projected to outnumber whites.
 - By 2023, children of color are projected to be the majority.
- Women of color often serve as health care decision-makers for their families.
- People of color make up more than 30% of the U.S. workforce, even though they are only about 26% of the U.S. population.
- Companies owned by women of color were the fast-growing group among all companies from 2002 to 2008

Women of color experience economic disparities that complicate their ability to access health care.

- Women of color are more likely to be living in poverty.
 - Approximately 70% of adult Medicaid beneficiaries are women, and a disproportionate number of them are women of color.
 - 34% of Black children and 31% of Latino children live in poverty, compared to only 11% of white children. In New York and California, where nearly half of the nation's Asian American population live, 19-20% of Asian American children in the state live below the poverty line.
- A 40-year-old woman can be charged up to 48% more than a man of the same age for an identical policy, which is exasperated by the disparity between men and women's wages. For every dollar earned by a white man:
 - white women earned 78 cents,
 - African American women earned 67 cents, and
 - Latinas earned 56 cents.
 - 16% of Asian American women over the age of 64 live below the poverty level, compared to the national average of 12%
- Insurance companies can deny coverage for conditions that women experience, like having had a C-section, having had a baby, or being a victim of domestic violence.

Women of color face significant and unique health and environmental challenges.

- Inadequate preventative care and gendered and racial health disparities result in a disproportionate denial of care to women of color.

- While 4% of women nationwide have been diagnosed with diabetes, the rates are significantly higher for American Indian and Alaska Native women (9%), African American women (8%), and Latinas (6%).
- Women of color also have higher rates of cardiovascular disease nationwide: American Indian and Alaska Native women have the highest rate at 9%, followed by Black (5%) and Latina (4%) women. Coronary heart disease is also the single largest killer of Asian American women, accounting for more than one-fourth of all deaths. Immigrant women face additional challenges such as language barriers which can reduce access and jeopardize the quality of health care.
 - More than one-third of Asian Americans are limited English proficient.
 - In a study conducted by the Commonwealth Fund, 43% of Spanish-dominant Latinos reported communication difficulties with their health providers. Another 16% of Latinos reported not following the doctor's advice simply because they didn't understand it.
- Data collection and surveillance systems are not keeping up with the rapidly changing demographics and characteristics of minority populations. The collection of disaggregated data on race, gender, ethnicity and primary language is critical to monitoring disparities and improving quality of care.

The current health care system fails women of color.

- Of all Americans, 61% report having employer-sponsored health insurance. This rate drops to 41% for Latinos, 51% of Southeast Asians and 52% for African Americans.
- Latinas have the highest rate of uninsurance (38%) and Korean Americans are the most likely racial or ethnic group to be uninsured.
- Nearly one in four Black (23%) and Asian and Pacific Islander (24%) women lack health insurance coverage.
- More than 60% of Asian Americans and 53% of Latinos in the U.S. are foreign born. With the barriers on immigrants' access to critical health services, they obtain less care than their citizen counterparts.

For more information or for ways to get involved,
please contact Emily Napalo at enapalo@rabengroup.com or (202) 587-2869.