

ANNUAL CONFERENCE

JULY 10 – 13, 2010

Washington, DC

DISPARITIES IN HEALTHCARE

Monday, July 12, 2010

- In 2000, United States Public Law 106-525, also known as the "Minority Health and Health Disparities Research and Education Act," which authorized the **National Center for Minority Health and Health Disparities**, provided a legal definition of health disparities:

"A population is a health disparity population if there is a significant disparity in the overall rate of disease incidence, prevalence, morbidity, mortality or survival rates in the population as compared to the health status of the general population." [Minority Health and Health Disparities Research and Education Act](#) United States Public Law 106-525 (2000), p. 2498

Ovarian Cancer for Women of Color

Ovarian Cancer Survival:

- Between 1960 and 1992, the ovarian cancer survival rate increased by 14% for Caucasian women and only 8% for African American women.
- National statistics show that from 1990 to 1996, African American women had a lower incidence of ovarian cancer than either Hispanic women or Asian/Pacific Islanders, but had higher death rates from ovarian cancer than either of these two groups.
- African American women, who have much lower ovarian cancer incidence rates than Caucasian women, are less likely than their Caucasian counterparts to survive five or more years with this disease, regardless of the stage at diagnosis.
- African American women are more commonly diagnosed with widespread, and therefore advanced stage, ovarian masses than Caucasian women.
- African American, Hawaiian, and Alaskan native women have overall cancer mortality rates that are at least 40% higher than other minority populations.

Ovarian Cancer Incidence:

- Between 1988 and 1992, Native American women had ovarian cancer incidence rates that were higher than those of Caucasian women or any other minority group, while Chinese women were more likely to have the disease than African American or Hispanic women.

Health Care Access & Ovarian Cancer:

- African American, Asian & Pacific Islander, Native American, and Hispanic women are less likely than Caucasian women to have a comprehensive health care plan, which may prevent them from receiving early diagnosis and proper treatment of ovarian cancer.
- From 1991 through 1998 in our nation's capital, African American women represented two-thirds of all deaths from ovarian cancer, while far more cases were diagnosed in Caucasian women.

[Information from the Ovarian Cancer National Alliance]

REFERENCES

- **Betancourt JR, Green AR, Carillo JE, Park ER. Cultural Competence and healthcare disparities: key perspectives and trends. Health Aff (Millwood) 2005; 24 (2) 499-505**
- **Byrd WM, Clayton, LA. An American Health Dilemma: Race, Medicine and Health Care in the United States, Vol. I Beginnings to 1900 Vol. II 1900-2000. Routledge 2002**
- **Lurie N, Jung M, Lavizzo-Mourey R. Disparities and quality improvement: federal policy levels. Health Aff (Millwood) 2005; 24(2): 317-324**
- **Smedley, BD, Stith AY, Nelson AR. Unequal Treatment: Confronting Racial and Ethnic Disparities in Healthcare. Washington, DC: The National Academies Press, 2003.**
- **Whitehead M. The concepts and principles of equity and health. Int J Health Serv 1992; 22(3): 429-445.**

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