

November 16, 2010

Committee on Preventive Services for Women
Dupont Hotel, Room Dupont A
1500 New Hampshire Avenue Northwest
Washington, D.C.

To the members of the Committee on Preventive Services for Women, I thank you for the opportunity to provide you with perspectives from the Women of Color United for Health Reform on the critical need for preventive services for women and girls.

My name is Eleanor Hinton Hoytt and I am the President and CEO of the Black Women's Health Imperative. I will be speaking on behalf of Women of Color United for Health Reform, a collaboration of the National Asian Pacific American Women's Forum (NAPAWF), the National Latina Institute for Reproductive Health (NLIRH), and the Black Women's Health Imperative (BWHI). By collaborating, our three organizations sought to uplift the voices of women of color during the national health reform debate. We now continue to work to elevate the shared experiences of women of color in our struggle for health care services that benefit women, families, and communities of color.

Our principles for health care are based on a belief that health care is a human right.

Therefore, we believe:

- that everyone in the U.S. should receive equal access to health coverage,
- that health coverage must be made available over the course of one's lifespan
- that discrimination based on health status or gender must be eliminated
- that vulnerable and underserved communities must have access to equitable and linguistically and culturally appropriate care
- that quality improvement programs address the health care challenges and needs of underserved communities
- And that we must get a handle on health disparities that exist for women of color by requiring standardized measures for collecting, monitoring, and reporting data on health trends.

Our belief that health care is a human right is also based on the belief that health disparities, which disproportionately impact our communities, must be eliminated. Preventive care, then, becomes a critical and necessary tool for combating health disparities and must be made a priority.

When 38 percent of Latinas, 24 percent of Asian and Pacific Islander (API) and 23 percent of Black women lack health insurance coverage, it is time to prioritize affordable and accessible health services for women of

color.¹ WOCUHR believes that accessible preventive care can both control costs and allow women to live healthier and more productive lives.

We need to do more and do better, to make sure that women of color have access to and are aware of preventive care options that can improve their health outcomes.

Barriers to Services

Preventive services must take into account the needs of underserved communities and reward efforts that reduce disparities and improve patient outcomes. Many women of color who have coverage are underinsured, or face cultural and linguistic barriers to accessing quality care. In addition, the lack of research and data on health needs in our communities is an ongoing problem that results in health care professionals who are unaware of the gaps in medical guidelines that put our communities at greater risk for negative health outcomes. These and other barriers can reduce access to preventive services, jeopardize the quality of health care, increase the risk of medical errors and keep vulnerable women outside the health care system.

While many factors contribute to the high rates of preventable diseases among Black, API, and Latino individuals, the **lack** of health insurance and **lack** of knowledge about preventive care within these communities is widespread. Thus, requiring insurers to include preventive services without cost-sharing requirements, along with partnerships to

¹ WOCUHR website

conduct outreach and education efforts, are critical for a successful campaign to decrease health disparities.

Language and cultural differences also discourage many limited English speaking women from seeking preventive screenings and care. Studies have found that individuals who require interpreters are less likely to be insured and to receive preventive services such as Pap smears and mammograms.² As a result of these barriers, some limited English proficient (LEP) communities experience disparities in health that are quite striking, and demonstrate the importance of providing adequate culturally competent and interpretative services.

Immigrant status also plays a role in access to a reliable source of health care. Lack of insurance, in addition to seasonal work and constant mobility that many migrant Latina workers encounter, prevents them from developing a regular source of care with one doctor or health center.

We are all aware that the lack of disaggregated and inadequate evidence-based data on women of color continues to result in adverse health outcomes and policies that negatively impact certain segments of our community. Disaggregated data is also critically important for APIs. For example, emerging data on API subgroups clearly indicate that there are important health disparities that negatively impact certain segments of this community. Thus, in order to better meet the needs of women of color, preventive services should also include a strategy for developing appropriate standardized measures, indicators, and methods for collecting

² NAPAWF cervical cancer issue brief

and reporting data to learn more about health care access, quality and outcomes by patient demographic factors, including race and ethnicity, age, gender, primary language, socio-economic position, geographic location, and health literacy.

Preventable Diseases

We know that preventive care produces better health outcomes. And we are concerned that our communities are disproportionately impacted by increasingly high rates of preventable diseases that demonstrate the urgent need for access to affordable, quality, equitable health care. APIs are less likely to receive the recommended levels of screening, counseling, or care and face additional linguistic and cultural barriers, resulting in increased risks for preventable diseases, such as liver cancer. Black women experience deadlier forms of breast cancer and at younger ages than White women. Yet the invisibility of these health needs may result in unintentional consequences and misguided policies, such as the USPSTF recommendations, that ignore or don't take into consideration appropriate data to provide evidence of the need for important screenings and treatments for women of color.

The HIV/AIDS epidemic is another preventable killer of Black women. Although Black women comprise just 12 percent of the total female population, they account for 64 percent of women living with HIV/AIDS in the U.S.³ As a result, this preventable disease is a leading

³ BWHI HIV statement

cause of death for two cohorts of Black women ages 25 to 34 and 45 to 54. Inadequate access to preventive health care is one of the leading causes for this disturbing trend and underscores the urgent need for innovative methods that are readily accessible to reduce the rates of HIV, sexually transmitted infections, and unplanned pregnancies among Black women.

WOCUHR strongly recommends that all women have access to HIV screenings, not just those at high risk. In addition, we call on the federal government to make Black women a stand-alone priority population for prevention, outreach and education and target funding opportunities, programs and education messages to a population that is clearly at risk.

The Hepatitis B virus (HBV) is an example of a preventable disease that disproportionately impacts API communities. Although only 5 percent of the population, APIs are more than 50 percent of Americans living with chronic Hepatitis B.⁴ A survey of prevalence of chronic Hepatitis B virus among API women in San Francisco revealed a 6 percent infection rates in comparison with less than 1 % (0.7) percent infection rate for the US population.⁵ Expanding HBV testing access to all individuals in at-risk groups will lead to reduced rates of peri-natal and transmission and increase the proportion of individuals aware of their chronic HBV status.

⁴ IOM REPORT, *supra* note. Some estimates are that 1 million Asian Americans are now living with chronic hepatitis B. See Department of Health & Human Services, Office of Minority Health. *National Hepatitis B Initiative for Asian Americans and Pacific Islanders: Background* (2008). Available at <http://www.omhrc.gov/templates/content.aspx?ID=7240&lvl=2&lvlid=190>.

⁵ The State of Asian American, Native Hawaiian and Pacific Islander Health in California Report" April 2009. N Ponce, W Tseng, P Ong, YL Shek, S Ortiz, M Gatchell

Cervical Cancer

Women of color face disproportionately negative outcomes when it comes to cervical cancer. Black and Latina women are diagnosed with cervical cancer at twice the rate of White women and have the highest cervical cancer death rate of any group of women in the U.S.

Additionally, cultural stigma, immigration status, lack of knowledge, lack of insurance, and lack of English proficiency, cause many immigrant women to avoid prevention screening services such as pap smears or mammograms. In particular, we are concerned about the rising rates for API women, with Vietnamese American women having rates that are five times higher than White women.⁶

Expanding access to the HPV vaccine for women of color would help reduce the 3,700 unnecessary deaths that occur from cervical cancer annually in the United States.

Thus, WOCUHR supports recommendations to add the HPV vaccine to the routine schedule for women and girls as appropriate and with the inclusion of community outreach, financial assistance programs, and insurance coverage of the complete three-dose vaccination course to ensure these communities have full access to the vaccine. This standard of care should also include: regular HPV and cervical cancer screenings during gynecological visits, comprehensive sexuality information, and accurate information on preventing HPV and other sexually transmitted infections.

⁶ National Asian Women's Health Organization (NAWHO), *Learning from Communities: A Guide to Addressing the Reproductive Health Needs of Vietnamese American Women* (1998).

WOCUHR supports full access to new reproductive technology when it is coupled with unbiased information and implementation that is confidential and free from coercive policies and practices.

Contraception

Birth control, including emergency contraception, and family planning is critical preventive care for women of color and it must be prescribed in this committee's guidelines as such. Lack of access to reproductive health care such as birth control, emergency contraception, and abortion has resulted in unintended pregnancy among Latinas that is 75% higher than among non-Hispanics. API women have also been found to have disproportionately high rates of unplanned pregnancies, low rates of sexually transmitted disease (STD) screening, and low utilization of contraceptives.

Given the high rates of unplanned pregnancy for women of color, contraceptives should be made readily available and affordable through health insurance coverage. Contraception is prevention. The fact that Congress understood the debate on PPACA to include Family planning is on record in Congress and included in the Affordable Care Act. In addition, public health officials and organizations agree that contraception is an **essential** tool in preventing health outcomes that alter women's lives. There is no medical or scientific reason to restrict the sale of effective hormonal contraception, including emergency contraceptives. Congress as well as the public expects contraceptive care to be among the women's

preventative health services detailed in the HRSA guidelines that mandate no-cost sharing coverage by insurance.

Gender in Preventive Guidelines

Finally, WOCUHR recommends that unnecessary gender modifiers be kept out of guidelines for preventive care so that they do not cause unintended barriers to care. We must recognize that transgender or gender non-conforming individuals are also at risk of preventable diseases. In fact, transgender men who have not surgically removed breasts, uterus or ovaries are at risk for cancer in these organs, and must have opportunities to undergo screenings recommended for these cancers. Likewise, transgender women's health care should include screenings for prostate cancer when appropriate. It is absolutely critical that preventive services be offered with full coverage to all those who require them, regardless of the gender stated in the patient's insurance policy. Anyone who has a cervix, for example, must be eligible to have Pap tests covered regardless of stated gender, and therefore a gender modifier of "woman" or "female" should be eliminated from the guidelines where it is unhelpful in guiding access to certain types of care.

Conclusion

We understand preventive care is more than an exercise in treatment. It is unacceptable that women in our communities face astoundingly high rates of infection and death from preventable diseases. We must do more and we must do better to ensure that these vulnerable, underserved, and

ignored groups of women are made a priority for quality health care within the constraints of the Patient Protection and Affordable Care Act.

It is important for this committee to also recognize that for communities of color, preventive care is not just the provision of health care in a doctor's office. It is the proactive and intentional act of ensuring that our mothers, daughters, and sisters can survive by conducting outreach and education, providing linguistically and culturally appropriate care, and collecting disaggregated data on health outcomes to identify, track, treat, and overcome the diseases that are ravaging our communities.

The Women of Color United for Health Reform ask that you, the members of this committee, make it your priority to utilize your mandate over preventive care for women to end these shameful health disparities among women of color. Preventive care for all women produces better health outcomes for all and ensures that access to quality health care is a human right.