

## ACCESS AND UTILIZATION

A large body of literature has documented the fact that women use health care services at greater rates than men. Women's reproductive health care needs and higher rates of chronic illness are primary drivers of these differences. In addition to gender differences, there are many striking disparities in the rates of use and access experienced by women of different races and ethnicities. Women of color, African American, Latina, and American Indian and Alaska Native women, in particular, face greater barriers and challenges in access to care, which often translate into lower use of recommended health services. As there is considerable state variation on measures of access and utilization, aggregate statistics that describe women nationally or even statewide often mask gaping disparities between women of different racial and ethnic groups.

While many measures of access and use of services could be examined, this chapter focuses on measures that have been widely accepted as indicators that can impede access, such as being uninsured, lacking a regular doctor, and experiencing a delay in care because of cost. This chapter also examines the patterns of underuse of some preventive services for which there are standard clinical guidelines: Pap tests, mammograms, prenatal care, and dental care.

Financial issues can be considerable factors in women's access, particularly as health care costs rise. Interactions with the health care system, such as an ongoing relationship with a physician, also influence how women obtain and use services. The importance of screening services, like mammograms and Pap smears, have been well documented. Services like routine dental care, which maintains healthy teeth and gums, and medical check ups, are also recognized as important. For pregnant women, late initiation of or receiving no prenatal care can affect birth outcomes, including infant birthweight and mortality, as well as maternal outcomes.

The state-level data presented in this chapter are drawn from several sources including the Current Population Survey conducted by the U.S. Census Bureau every March, the Behavioral Risk Factor and Surveillance Survey conducted annually by the U.S. Centers for Disease Control and Prevention (CDC), and the National Vital Statistics System, also collected from states by the CDC.

The sections that follow present indicators that describe access and preventive care utilization and show the disparities in these indicators between White women and women of color. The indicators included in this dimension are:

1. No Health Insurance Coverage
2. No Personal Doctor/Health Care Provider
3. No Routine Checkup in the Past Two Years
4. No Dental Checkup in Past Two Years
5. No Doctor Visit in the Past Year due to Cost
6. No Mammogram in Past Two Years
7. No Pap Test in Past Three Years
8. Late Initiation of or No Prenatal Care

## ACCESS AND UTILIZATION DIMENSION SCORES

The dimension score is a standardized summary measure that captures the average of the indicator disparity scores along with an adjustment for the relative prevalence of the indicators for women in the state. States were grouped according to whether their dimension score was better than, equal to, or worse than the national average.

- Twenty states and the District of Columbia fared better than the national average for the access and utilization dimension, including Delaware, Rhode Island, Maine, District of Columbia, and Hawaii. Several of these states are located in either the New England or South Atlantic region of the country.
  - Delaware's better-than-average grouping was driven by the fact that it had among the lowest disparity scores for rates of no personal doctor/health care provider, no doctor visit due to cost, no routine checkups, no mammograms, and prenatal care, and that White and minority women had similarly low prevalence rates on these indicators relative to the national average.
  - Hawaii, another better-than-average state, had the lowest disparity score in the nation on rates of uninsurance, no personal doctor/health care provider, no doctor visit due to cost, and late initiation of or no prenatal care, and was among the top states on rates of no dental care. On several indicators, White women in Hawaii had lower prevalence rates than the national average for White women, and women of color had even lower rates than White women.
- Twelve states had dimension scores on par with the average for the nation, including Missouri, Alabama, Alaska, Wisconsin, and New Jersey.
  - Iowa's dimension score fell in the average group, but was nearly worse-than-average because of the state's high level of disparity on no personal doctor and mammography rates.
- Eighteen states' dimension scores were worse-than-average, including Texas, Utah, Oklahoma, Idaho, and Arizona. Most of the states in this category are located in the Mountain and West South Central regions of the U.S.
  - Texas was at the bottom of the nation on its access and utilization dimension score, as the state had the highest disparity score in the nation on the no routine checkup indicator, and also had low scores on health insurance coverage, personal doctor, and mammography rates. Texas was also consistently located as one of the upper-most states in the upper right quadrant of the indicator graphs, meaning that White women in the state had higher prevalence rates than the national average for White women on many indicators (e.g., no health care coverage and no dental checkup), but these rates were typically lower than those for women of color, particularly Black and Hispanic women, who had among the highest prevalence rates on access indicators in the nation.
  - In Oklahoma, another worse-than-average state, White women and women of color had similarly poor access on most indicators, but White women had much higher prevalence rates than the national average for White women, which is reflected in the state's position in the upper right quadrant on most indicator graphs, and the state's low dimension score.

FIGURE 2.0. Access and Utilization Dimension Scores, by State

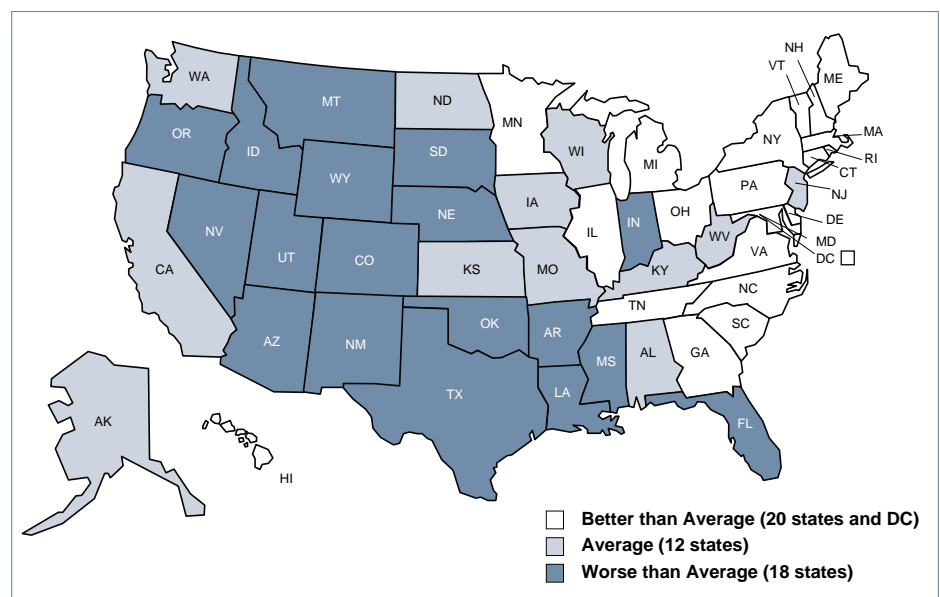


TABLE 2.0. Access and Utilization Dimension Scores, by State

	State	Dimension Score	State	Dimension Score
<b>Better than Average</b>	Delaware	-1.30	Alabama	-0.17
	Rhode Island	-1.19	Alaska	-0.13
	Maine	-1.17	Arizona	1.16
	District of Columbia	-1.04	Arkansas	0.78
	Hawaii	-1.01	California	-0.07
	Maryland	-0.92	Colorado	0.64
	Tennessee	-0.86	Connecticut	-0.68
	Massachusetts	-0.86	Delaware	-1.30
	New Hampshire	-0.78	District of Columbia	-1.04
	Ohio	-0.74	Florida	0.35
	Michigan	-0.70	Georgia	-0.27
	Connecticut	-0.68	Hawaii	-1.01
	New York	-0.59	Idaho	1.19
	Virginia	-0.58	Illinois	-0.35
	Vermont	-0.47	Indiana	0.59
	Minnesota	-0.46	Iowa	0.27
	<b>Average</b>	Illinois	-0.35	Kansas
Pennsylvania		-0.30	Kentucky	0.00
Georgia		-0.27	Louisiana	0.24
South Carolina		-0.20	Maine	-1.17
North Carolina		-0.17	Maryland	-0.92
Missouri		-0.28	Massachusetts	-0.86
Alabama		-0.17	Michigan	-0.70
Alaska		-0.13	Minnesota	-0.46
Wisconsin		-0.12	Mississippi	0.29
New Jersey		-0.09	Missouri	-0.28
California		-0.07	Montana	0.95
Kentucky		0.00	Nebraska	0.35
Washington		0.02	Nevada	0.88
West Virginia		0.05	New Hampshire	-0.78
Kansas		0.05	New Jersey	-0.09
North Dakota		0.20	New Mexico	0.74
Iowa		0.27	New York	-0.59
<b>Worse than Average</b>	Louisiana	0.24	North Carolina	-0.17
	Mississippi	0.29	North Dakota	0.20
	Nebraska	0.35	Ohio	-0.74
	Florida	0.35	Oklahoma	1.28
	South Dakota	0.52	Oregon	1.01
	Indiana	0.59	Pennsylvania	-0.30
	Colorado	0.64	Rhode Island	-1.19
	New Mexico	0.74	South Carolina	-0.20
	Wyoming	0.78	South Dakota	0.52
	Arkansas	0.78	Tennessee	-0.86
	Nevada	0.88	Texas	1.58
	Montana	0.95	Utah	1.55
	Oregon	1.01	Vermont	-0.47
	Arizona	1.16	Virginia	-0.58
	Idaho	1.19	Washington	0.02
	Oklahoma	1.28	West Virginia	0.05
	Utah	1.55	Wisconsin	-0.12
Texas	1.58	Wyoming	0.78	

--- Best state in column  
 ——— Worst state in column

## NO HEALTH INSURANCE COVERAGE

Health insurance, be it private or public, has been demonstrated to greatly facilitate the use of health care services. In the U.S., the majority of women get their insurance through the employer-based system, through either their own or their spouse's employer. There is a significant body of research that has demonstrated the important role that insurance plays in making health care affordable and accessible. Women who are insured are much more likely to get recommended levels of preventive care, get higher quality care, and have better health outcomes. There are also numerous studies that demonstrate access challenges faced by the uninsured. This indicator reports the percentage of women ages 18–64 without any health insurance. Data are from the 2004–2006 Current Population Survey.

### Highlights

- Nationally, about 1 in 6 (17.7%) women ages 18–64 lacked health insurance coverage (Table 2.1). On average, 12.8% of White women were uninsured compared to 37.3% of Hispanics, 33.7% of American Indians and Alaska Natives, 22.4% of Blacks, and 18.2% of Asian American, Native Hawaiian and Other Pacific Islanders.
- There was considerable variation within racial and ethnic groups by state. For example, only 9.8% of Asian American, Native Hawaiian and Other Pacific Islander women in Hawaii were uninsured compared to 18.9% in California.
- The U.S. disparity score for uninsurance was 2.18. State disparity scores ranged from a low of 0.92 in Hawaii (the only state with a disparity score less than 1.00) to a high of 4.59 in North Dakota, meaning that women of color in North Dakota had an uninsured rate that was four times as high as White women. The high disparity score in North Dakota was due to the high rate of uninsurance among American Indian and Alaska Native (41%) women compared to White women (7.5%).
- In Figure 2.1, in all states except Hawaii, uninsurance rates were higher for women of color than for White women. These states were in the upper quadrants, with disparity scores above 1.00.
- Several states in the upper left quadrant (Connecticut, Minnesota, Nebraska, New Jersey, and North Dakota) had among the lowest rates of uninsurance in the nation for White women and higher-than-average disparity scores, a result of the stark difference in rates for White women and minority women in the state. The District of Columbia also had a low rate of uninsurance for White women, but its disparity score was below the national average, meaning that the gap in coverage between White women and women of color was relatively small for this indicator.
- Four states (Arkansas, Oklahoma, Louisiana, and West Virginia) in the upper right quadrant stood out from the group because they had the highest rates of uninsurance for White women and yet disparity scores below the national average of 2.18. In these states, both White women and women of color had high rates of uninsurance.

FIGURE 2.1. State-Level Disparity Scores and Percent of White Women Ages 18–64 Who are Uninsured



TABLE 2.1. No Health Insurance Coverage, by State and Race/Ethnicity

State	Prevalence							
	Disparity Score	All Women	White	All Minority*	Black	Hispanic	Asian and NHPI	American Indian/Alaska Native
All States	2.18	17.7%	12.8%	27.9%	22.4%	37.3%	18.2%	33.7%
Alabama	1.45	18.1%	15.8%	22.9%	21.0%			
Alaska	1.60	19.8%	16.9%	27.1%		23.5%	18.6%	35.8%
Arizona	2.84	22.3%	12.9%	36.5%	26.3%	40.3%		37.5%
Arkansas	1.48	23.3%	21.0%	31.0%	30.4%	38.1%		
California	2.40	20.9%	11.9%	28.5%	17.5%	35.4%	18.9%	
Colorado	2.72	18.0%	12.6%	34.4%	19.2%	39.1%	27.6%	
Connecticut	2.36	12.1%	9.1%	21.4%	20.0%	25.9%	14.7%	
Delaware	2.09	12.6%	9.4%	19.7%	15.2%	37.5%	21.5%	
District of Columbia	1.98	11.5%	7.1%	14.0%	12.0%	29.0%		
Florida	1.91	23.6%	17.5%	33.4%	30.8%	37.7%	21.0%	
Georgia	1.93	19.7%	14.3%	27.6%	22.6%	55.7%	22.0%	
Hawaii	0.92	10.1%	10.8%	9.9%		11.8%	9.8%	
Idaho	2.34	17.8%	15.2%	35.6%		42.5%		
Illinois	2.33	15.7%	11.0%	25.5%	24.7%	34.1%	10.6%	
Indiana	1.92	15.6%	13.8%	26.5%	21.8%	44.8%		
Iowa	2.24	11.5%	10.3%	23.1%		30.8%		
Kansas	2.13	13.9%	11.7%	24.9%	21.6%	31.7%		
Kentucky	1.66	17.0%	15.9%	26.3%	23.3%			
Louisiana	1.84	25.9%	19.7%	36.3%	36.9%			
Maine	1.65	10.6%	10.3%	17.0%				
Maryland	1.97	15.1%	10.6%	21.0%	19.2%	38.0%	15.7%	
Massachusetts	1.82	11.2%	9.6%	17.5%	12.9%	25.8%	14.2%	
Michigan	1.63	13.2%	11.5%	18.8%	18.7%	21.2%	13.6%	
Minnesota	2.94	8.7%	7.0%	20.6%	11.7%	46.0%	10.9%	
Mississippi	1.84	20.9%	15.5%	28.5%	27.0%			
Missouri	1.99	15.8%	13.5%	26.9%	28.7%	33.3%		
Montana	2.61	20.1%	17.7%	46.1%				56.1%
Nebraska	2.90	12.8%	9.8%	28.4%	29.7%	30.8%		
Nevada	1.74	20.4%	15.9%	27.6%	19.0%	37.6%	12.4%	
New Hampshire	1.23	12.4%	12.2%	15.0%				
New Jersey	3.08	16.2%	9.0%	27.9%	22.7%	38.3%	18.5%	
New Mexico	1.84	25.6%	17.4%	32.1%		28.5%		49.7%
New York	1.94	15.1%	10.9%	21.2%	17.0%	24.5%	23.3%	
North Carolina	1.99	18.4%	13.9%	27.7%	21.7%	50.3%	26.9%	36.8%
North Dakota	4.59	10.4%	7.5%	34.6%				41.0%
Ohio	1.89	12.2%	10.6%	20.0%	20.1%	28.4%		
Oklahoma	1.64	24.0%	20.5%	33.6%	21.3%	51.1%		49.7%
Oregon	2.11	20.1%	17.0%	35.8%		50.4%	21.4%	
Pennsylvania	1.97	11.6%	9.9%	19.5%	18.9%	23.7%	16.1%	
Rhode Island	1.91	11.7%	10.0%	19.0%	11.5%	22.9%	21.7%	
South Carolina	1.23	19.1%	17.6%	21.8%	20.2%	45.3%		
South Dakota	2.57	13.3%	11.4%	29.4%				34.4%
Tennessee	2.03	14.7%	11.8%	24.1%	18.0%	58.4%		
Texas	2.43	27.8%	16.0%	39.0%	26.8%	45.4%	24.4%	
Utah	2.63	18.4%	14.6%	38.2%		41.0%	28.5%	
Vermont	1.37	12.3%	12.1%	16.5%				
Virginia	2.24	14.7%	10.6%	23.8%	20.7%	42.5%	16.8%	
Washington	1.64	13.9%	12.2%	19.9%		29.6%	14.4%	
West Virginia	1.12	20.1%	20.0%	22.4%				
Wisconsin	2.34	10.8%	9.2%	21.5%		29.3%		
Wyoming	1.52	17.8%	16.9%	25.7%		28.4%		

**Note:** Among women ages 18–64.  
 \*All Minority women includes Black, Hispanic, Asian American and Native Hawaiian/Pacific Islander, American Indian/Alaska Native women, and women of two or more races.  
 Disparity score greater than 1.00 indicates that minority women are doing worse than White women. Disparity score less than 1.00 indicates that minority women are doing better than White women. Disparity score equal to 1.00 indicates that minority and White women are doing the same.  
**Source:** Current Population Survey, 2004–2006.  
 --- Best state in column  
 \_\_\_\_\_ Worst state in column

## NO PERSONAL DOCTOR/HEALTH CARE PROVIDER

Having a regular doctor or health care provider improves access to health care services and increases the likelihood that individuals receive recommended screening and preventive services, as well as ongoing care to manage chronic health problems.<sup>39</sup> Women who lack a regular doctor also may experience greater difficulties navigating a complex health care system. The likelihood that an individual will have a regular doctor is driven by many factors, including having insurance and the availability of care in the communities where patients reside.

### Highlights

- Nationally, about 1 in 6 (17.5%) women ages 18–64 did not have a personal doctor/health care provider (Table 2.2). On average, 36.9% of Latina and 21.1% of American Indian and Alaska Native women lacked a personal health care provider as did 17.3% of African American and 18.9% of Asian American, Native Hawaiian and Other Pacific Islander women, all notably higher than the 13.2% of White women.
- The share of women who did not have a personal health care provider ranged from a low of 7.4% of women in Maine to a high of 30.5% in Nevada. There was also variation within racial and ethnic groups across states. For example, 8.7% of Hispanic women in Vermont lacked a personal health care provider compared with 57.2% of Hispanic women in North Carolina.
- Women of color lacked a personal doctor at nearly twice the rate of White women, reflected by the U.S. disparity score of 1.94.
- State disparity scores ranged from a low of 0.65 in Hawaii to a high of 2.86 in Iowa, where a large proportion of Hispanic women were without a personal doctor.
- In Figure 2.2, all but three states were in the upper quadrants, with disparity scores above 1.00. The three states (Hawaii, the District of Columbia, and Tennessee) that were in the lower quadrants (reflecting disparity scores less than 1.00) differed in their population makeup and patterns. In Tennessee, a similar share of White women and women of color lacked a personal doctor.

In the District of Columbia, lower shares of Black and Hispanic, but not Asian American, Native Hawaiian and Other Pacific Islander women, went without a personal doctor than White women. In Hawaii, smaller shares of women of color (largely Asian American, Native Hawaiian and Other Pacific Islander and Hispanic women) went without a personal doctor than White women.

- Of the states in the upper left quadrant, Connecticut, Nebraska, and Iowa were in the uppermost part of the quadrant. These states had among the highest disparity scores in the U.S. and yet the share of White women without a personal health care provider was lower than the national average for White women.

FIGURE 2.2. State-Level Disparity Scores and Percent of White Women Ages 18–64 Who Do Not Have a Health Care Provider

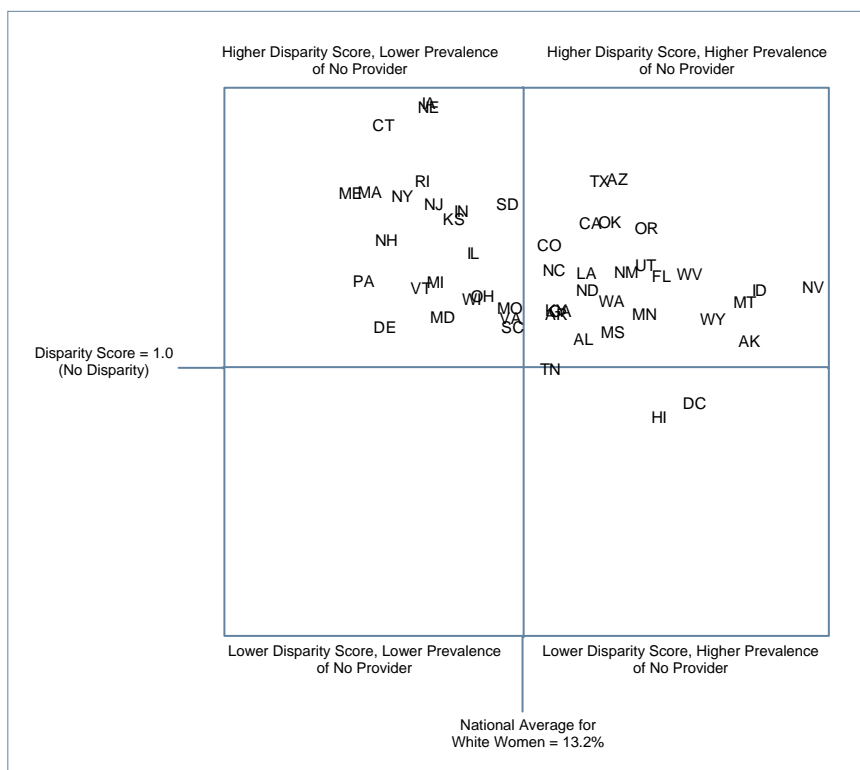


TABLE 2.2. No Personal Doctor/Health Care Provider, by State and Race/Ethnicity

State	Prevalence							
	Disparity Score	All Women	White	All Minority*	Black	Hispanic	Asian and NHPI	American Indian/ Alaska Native
All States	1.94	17.5%	13.2%	25.7%	17.3%	36.9%	18.9%	21.1%
Alabama	1.20	16.4%	15.4%	18.5%	19.0%			
Alaska	1.19	22.6%	21.4%	25.4%		24.7%		25.8%
Arizona	2.32	24.8%	16.6%	38.6%	15.9%	44.1%		35.9%
Arkansas	1.38	15.8%	14.4%	19.9%	15.6%	39.6%		
California	2.02	25.7%	15.7%	31.6%	19.3%	38.6%	23.1%	
Colorado	1.87	17.2%	14.2%	26.4%	15.8%	30.9%	14.8%	
Connecticut	2.71	10.9%	8.1%	22.1%	13.8%	32.4%	17.3%	
Delaware	1.29	8.8%	8.2%	10.6%	9.2%	12.9%		
District of Columbia	0.75	16.6%	19.4%	14.6%	13.7%	15.7%	22.6%	
Florida	1.64	23.0%	18.2%	29.8%	21.2%	38.4%	19.1%	
Georgia	1.40	16.7%	14.5%	20.4%	19.1%	25.3%		
Hawaii	0.65	12.8%	18.1%	11.8%		11.5%	9.9%	
Idaho	1.54	23.1%	21.7%	33.6%		37.8%		24.6%
Illinois	1.81	14.7%	11.4%	20.6%	16.1%	29.5%	14.4%	
Indiana	2.10	12.8%	11.0%	23.0%	18.7%	37.1%		
Iowa	2.86	11.2%	9.8%	28.0%	14.6%	43.1%		
Kansas	2.05	13.0%	10.7%	21.9%	14.9%	34.1%	14.5%	12.1%
Kentucky	1.41	15.0%	14.3%	20.2%	18.3%	25.1%		
Louisiana	1.66	19.4%	15.5%	25.8%	26.4%	20.7%		
Maine	2.22	7.4%	7.0%	15.5%				
Maryland	1.36	11.7%	10.3%	14.0%	12.2%	17.2%	20.6%	
Massachusetts	2.23	9.6%	7.7%	17.1%	12.3%	23.8%	15.9%	
Michigan	1.60	11.3%	10.0%	16.0%	16.1%	16.7%	14.6%	
Minnesota	1.38	18.2%	17.6%	24.3%	24.8%			
Mississippi	1.25	18.2%	16.4%	20.6%	20.7%	19.6%		
Missouri	1.43	13.9%	12.7%	18.1%	15.8%	21.1%		
Montana	1.47	22.3%	21.2%	31.1%		25.3%		34.8%
Nebraska	2.83	12.3%	9.8%	27.7%	12.6%	37.1%		
Nevada	1.57	30.5%	23.7%	37.1%	27.0%	52.6%	10.0%	
New Hampshire	1.90	8.6%	8.3%	15.7%		10.7%		
New Jersey	2.14	15.0%	10.0%	21.4%	10.2%	36.2%	12.1%	
New Mexico	1.67	22.6%	16.9%	28.3%		26.8%		37.7%
New York	2.21	13.5%	8.8%	19.4%	13.0%	27.6%	16.3%	
North Carolina	1.68	18.6%	14.3%	24.1%	17.5%	57.2%	20.5%	17.2%
North Dakota	1.55	16.2%	15.5%	24.1%				27.0%
Ohio	1.50	12.6%	11.7%	17.6%	18.5%	17.1%		
Oklahoma	2.02	20.3%	16.3%	33.0%	26.1%	50.2%	25.6%	22.3%
Oregon	1.98	20.9%	17.7%	35.0%		48.0%	25.4%	29.6%
Pennsylvania	1.60	8.4%	7.5%	12.0%	10.2%	12.0%	20.2%	
Rhode Island	2.31	12.1%	9.5%	22.0%	9.5%	29.5%		
South Carolina	1.29	14.2%	12.8%	16.5%	15.6%	23.4%		
South Dakota	2.15	14.0%	12.6%	27.2%		16.0%		31.2%
Tennessee	0.99	14.2%	14.2%	14.0%	10.3%			
Texas	2.31	26.2%	16.0%	36.9%	25.3%	43.3%	17.4%	
Utah	1.72	19.6%	17.6%	30.3%		35.8%	23.1%	
Vermont	1.56	9.7%	9.5%	14.8%		8.7%		
Virginia	1.35	13.9%	12.8%	17.3%	12.0%	36.5%		
Washington	1.47	18.3%	16.4%	24.2%	25.7%	33.8%	17.6%	20.7%
West Virginia	1.65	19.8%	19.2%	31.8%	36.2%			
Wisconsin	1.48	11.8%	11.3%	16.8%	13.8%	21.8%		
Wyoming	1.34	20.9%	20.0%	26.9%		25.6%		29.1%

Note: Among women ages 18–64.

\*All Minority women includes Black, Hispanic, Asian American and Native Hawaiian/Pacific Islander, American Indian/Alaska Native women, and women of two or more races.

Disparity score greater than 1.00 indicates that minority women are doing worse than White women. Disparity score less than 1.00 indicates that minority women are doing better than White women. Disparity score equal to 1.00 indicates that minority and White women are doing the same.

Source: BRFSS, 2004–2006.

— — Best state in column

—— Worst state in column

## NO ROUTINE CHECKUP IN PAST TWO YEARS

Women’s contact with the health care system can be measured by a number of indicators, including whether they have had a recent checkup. While the U.S. Preventive Services Task Force does not have a specific recommendation regarding the frequency of routine checkups, they do make recommendations on a number of services that might be included in a checkup, such as blood pressure tests and cholesterol screenings. Furthermore, for women with chronic illnesses, regular contact with a provider is important for obtaining both preventive and treatment services. The Behavioral Risk Factor Surveillance Survey asked women how long it had been since they visited a doctor for a routine checkup (defined as a general physical exam, not an exam for a specific injury, illness, or condition).

### Highlights

- Nationally, 15.9% of women ages 18–64 reported that they did not have a routine checkup in the prior two years (Table 2.3). 8.1% of Black women had not had a checkup in the past two years, compared to 16.7% of White, 14.4% of Asian American, Native Hawaiian and Other Pacific Islander, 18.3% of Latina, and 19.4% of American Indian and Alaska Native women.
- There was variation within racial and ethnic groups by state. For example, only 0.3% of Black women in Rhode Island did not have a routine checkup in the past two years compared with 20.1% of Black women in Oklahoma.
- The U.S. disparity score for this measure was 0.82, indicating that White women had lower rates of routine checkups than women of color overall. State disparity scores ranged from a low of 0.39 in the District of Columbia to a high of 1.29 in Texas.
- In Figure 2.3, most states clustered in the lower quadrants, with disparity scores below 1.00, meaning that White women had a higher rate of not having a routine checkup in the past two years than women of color.
- In the lower left quadrant, several states that had among the lowest disparity scores (District of Columbia, Delaware, and Tennessee) were ones in which Black women had fairly low rates of not having a routine checkup, but White women had relatively high rates.
- In the lower right quadrant, two states (Oklahoma and Arkansas) stood out because they had among the highest rates of White women who had not had a checkup and relatively low disparities between racial and ethnic groups.

FIGURE 2.3. State-Level Disparity Scores and Percent of White Women Ages 18–64 with No Routine Checkup in Past Two Years

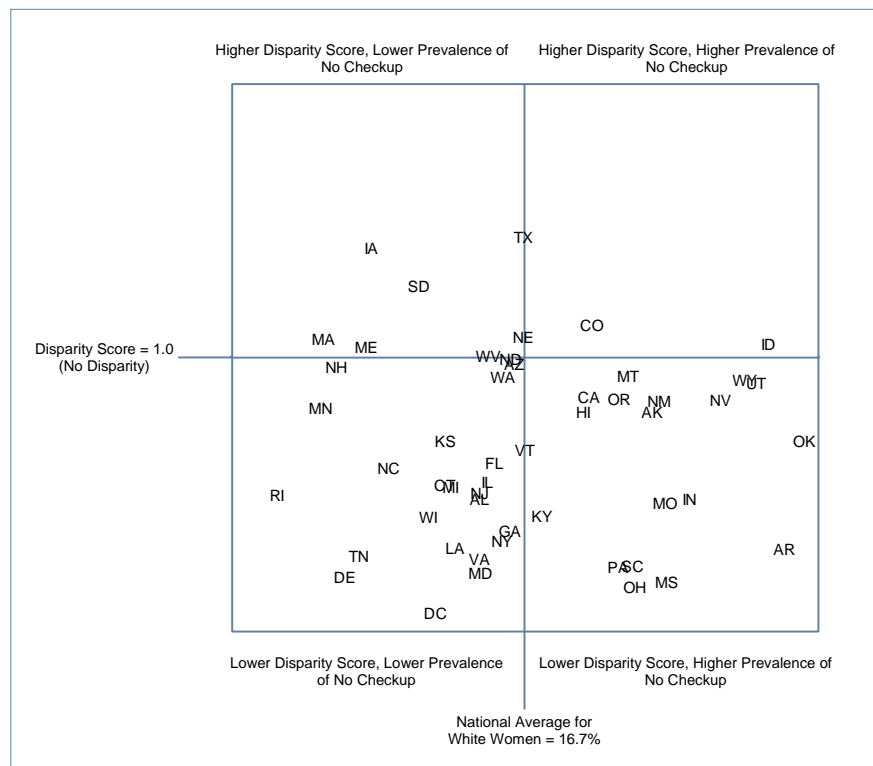




TABLE 2.3. No Routine Checkup in Past Two Years, by State and Race/Ethnicity

State	Disparity Score	Prevalence						
		All Women	White	All Minority*	Black	Hispanic	Asian and NHPI	American Indian/ Alaska Native
All States	0.82	15.9%	16.7%	13.6%	8.1%	18.3%	14.4%	19.4%
Alabama	0.66	13.6%	15.0%	9.9%	8.0%			
Alaska	0.87	20.6%	21.3%	18.6%				18.7%
Arizona	0.99	16.4%	16.3%	16.0%		18.1%		15.3%
Arkansas	0.54	24.1%	26.1%	14.2%	10.5%	26.1%		
California	0.91	18.6%	19.0%	17.2%	14.8%	20.0%	12.2%	
Colorado	1.08	19.7%	19.1%	20.7%	8.4%	23.8%		
Connecticut	0.70	13.0%	13.8%	9.6%	6.4%	11.8%	12.0%	
Delaware	0.47	8.7%	10.2%	4.8%	3.8%	6.5%		
District of Columbia	0.39	8.1%	13.4%	5.2%	4.0%	10.1%		
Florida	0.75	14.2%	15.6%	11.6%	7.9%	13.8%		
Georgia	0.58	13.4%	16.1%	9.4%	6.9%	17.9%		
Hawaii	0.87	17.1%	18.8%	16.4%		13.5%	17.1%	
Idaho	1.03	25.6%	25.5%	26.4%		27.6%		
Illinois	0.70	14.0%	15.3%	10.8%	8.3%	13.8%	9.8%	
Indiana	0.66	21.8%	22.7%	15.0%	10.7%	21.2%		
Iowa	1.26	11.3%	11.1%	14.1%		15.6%		
Kansas	0.80	13.6%	13.8%	11.1%	6.9%	16.3%		
Kentucky	0.62	16.6%	17.3%	10.7%	9.6%			
Louisiana	0.55	11.8%	14.2%	7.7%	7.3%	12.7%		
Maine	1.03	10.9%	10.9%	11.2%				
Maryland	0.49	11.8%	15.1%	7.3%	6.4%	8.4%	11.4%	
Massachusetts	1.04	9.3%	9.4%	9.8%	5.8%	8.0%	15.5%	
Michigan	0.69	13.1%	14.0%	9.6%	5.7%	16.4%		
Minnesota	0.88	9.2%	9.3%	8.2%				
Mississippi	0.46	17.1%	21.8%	10.1%	9.7%			
Missouri	0.65	20.8%	21.8%	14.2%	6.4%			
Montana	0.96	20.2%	20.4%	19.6%		22.9%		16.5%
Nebraska	1.05	16.7%	16.6%	17.5%	6.5%	20.5%		
Nevada	0.90	23.4%	23.8%	21.4%		25.3%		
New Hampshire	0.98	9.8%	9.8%	9.6%				
New Jersey	0.68	13.4%	15.0%	10.2%	6.5%	13.4%	9.8%	
New Mexico	0.90	20.6%	21.6%	19.4%		21.0%		15.6%
New York	0.56	13.1%	15.8%	8.9%	6.2%	11.0%	9.3%	
North Carolina	0.74	11.1%	11.7%	8.6%	6.9%	15.5%	7.0%	11.4%
North Dakota	1.00	16.2%	16.2%	16.1%				16.9%
Ohio	0.45	19.1%	20.7%	9.3%	7.2%	12.1%		
Oklahoma	0.80	25.8%	26.8%	21.5%	20.1%	28.3%		19.3%
Oregon	0.90	20.1%	20.1%	18.1%		19.3%	15.0%	30.0%
Pennsylvania	0.50	18.7%	20.1%	10.1%	8.3%	12.2%	13.0%	
Rhode Island	0.67	7.4%	7.7%	5.1%	0.3%	6.1%		
South Carolina	0.50	17.3%	20.6%	10.4%	9.1%	15.8%		
South Dakota	1.17	13.0%	12.8%	15.0%				15.9%
Tennessee	0.53	9.6%	10.7%	5.6%	3.4%			
Texas	1.29	19.1%	16.6%	21.4%	12.5%	23.5%		
Utah	0.94	25.0%	25.1%	23.6%		26.6%		
Vermont	0.78	16.5%	16.7%	13.0%				
Virginia	0.52	13.2%	15.0%	7.8%	5.7%	8.0%		
Washington	0.95	15.8%	15.9%	15.1%	7.3%	16.8%	14.7%	16.1%
West Virginia	1.01	15.3%	15.4%	15.5%				
Wisconsin	0.62	12.7%	13.2%	8.2%	3.8%			
Wyoming	0.95	24.5%	24.6%	23.3%		24.5%		

Note: Among women ages 18–64.

\*All Minority women includes Black, Hispanic, Asian American and Native Hawaiian/Pacific Islander, American Indian/Alaska Native women, and women of two or more races.

Disparity score greater than 1.00 indicates that minority women are doing worse than White women. Disparity score less than 1.00 indicates that minority women are doing better than White women. Disparity score equal to 1.00 indicates that minority and White women are doing the same.

Source: BRFSS, 2005–2006 (The question was added in 2005).

— — — Best state in column

———— Worst state in column

## NO DENTAL CHECKUP IN PAST TWO YEARS

Dental health is an important yet often overlooked aspect of overall health and well-being. In 2000, the Surgeon General's first-ever report on oral health documented links between oral diseases and other physical illnesses, such as ear and sinus infections, weakened immune systems, diabetes, and several other serious health conditions. Lack of dental care has the potential to affect speech, nutrition, growth and function, social development, and quality of life.

While most seek dental care regularly, some groups, including those who are poor, disabled, or are of racial and ethnic minorities, often face challenges accessing dental care.<sup>40</sup> These groups may suffer a disproportionate share of oral disease, and may need particular help accessing dental care.

### Highlights

- Nationally, at least 1 in 4 (28.7%) women ages 18–64 did not have a dental checkup in the past two years (Table 2.4). Four in ten (41.5%) Hispanic women had no dental checkup, compared to 25.4% of White, 35.9% of Black, 35.0% of American Indian and Alaska Native women, and 25.1% Asian American, Native Hawaiian and Other Pacific Islander women.
- There was variation within racial and ethnic groups on this indicator across states. For example, 22.5% of Black women in Nebraska had not had a dental checkup in the past two years compared with 45.1% of Black women in Arkansas.
- The U.S. disparity score for this measure was 1.43, meaning that women of color had a 40% higher rate of no dental checkup in the past two years. State disparity scores ranged from a low of 0.93 in West Virginia to a high of 1.80 in Massachusetts, where the percentage of women of color without a dental checkup was about 80% higher than the percentage of White women.
- With the exception of two states, all states were in the upper quadrants in Figure 2.4. Both Alaska and West Virginia had disparities at or slightly below 1.00, meaning that women of color had dental checkups at rates comparable to that those of White women. However, White women in both of those states fared worse than White women nationally.
- In Figure 2.4, about half of the states clustered in the upper left quadrant, meaning that White women in those states did better than White women nationally, but women of color had lower rates of dental checkups than White women.
- The other half of states clustered in the upper right quadrant, where White women in those states had higher rates of no dental checkup than the national average for White women, but women of color were still at a disadvantage relative to White women.

FIGURE 2.4. State-Level Disparity Scores and Percent of White Women Ages 18–64 with No Dental Checkup in Past Two Years

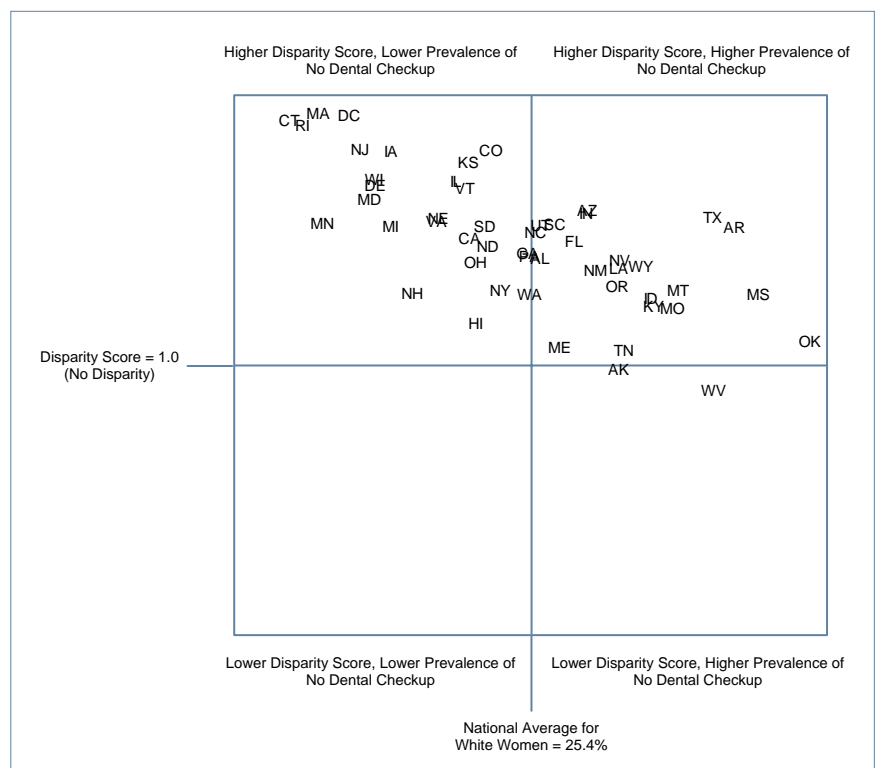


TABLE 2.4. No Dental Checkup in Past Two Years, by State and Race/Ethnicity

State	Disparity Score	Prevalence						
		All Women	White	All Minority*	Black	Hispanic	Asian and NHPI	American Indian/ Alaska Native
<b>All States</b>	<b>1.43</b>	<b>28.7%</b>	<b>25.4%</b>	<b>36.4%</b>	<b>35.9%</b>	<b>41.5%</b>	<b>25.1%</b>	<b>35.0%</b>
Alabama	1.34	28.5%	25.8%	34.6%	34.1%			
Alaska	0.99	29.1%	29.0%	28.8%				29.9%
Arizona	1.49	32.4%	27.7%	41.3%		39.6%		38.8%
Arkansas	1.44	36.6%	33.7%	48.6%	45.1%	58.6%		
California	1.40	29.2%	22.9%	32.2%	32.2%	37.6%	19.4%	
Colorado	1.68	27.7%	23.8%	40.0%	26.5%	44.1%		
Connecticut	1.78	17.9%	15.5%	27.6%	26.6%	30.2%	24.5%	
Delaware	1.57	21.8%	19.1%	30.0%	29.2%	33.5%		
District of Columbia	1.79	27.5%	18.0%	32.3%	32.7%	31.5%		
Florida	1.40	31.4%	27.2%	38.0%	37.7%	38.7%		
Georgia	1.36	28.8%	25.3%	34.4%	35.1%	35.3%		
Hawaii	1.14	25.8%	23.1%	26.3%		34.2%	26.2%	
Idaho	1.22	31.0%	30.3%	36.9%		39.9%		26.1%
Illinois	1.58	27.1%	22.4%	35.4%	33.4%	43.7%	23.6%	
Indiana	1.49	29.6%	27.7%	41.1%	40.3%	42.6%		
Iowa	1.68	20.6%	19.7%	33.1%		41.4%		
Kansas	1.65	25.0%	22.9%	37.6%	36.9%	35.4%		
Kentucky	1.19	30.9%	30.4%	36.2%	39.6%	23.6%		
Louisiana	1.31	32.1%	29.0%	38.0%	38.8%	30.0%		
Maine	1.06	26.7%	26.6%	28.3%				
Maryland	1.53	23.0%	18.8%	28.8%	29.5%	30.7%	22.9%	
Massachusetts	1.80	19.0%	16.7%	30.1%	30.3%	31.5%	28.8%	
Michigan	1.44	21.4%	19.6%	28.4%	28.9%	19.2%		
Minnesota	1.45	17.7%	16.9%	24.5%	29.1%			
Mississippi	1.23	37.9%	34.7%	42.7%	43.4%	31.3%		
Missouri	1.18	32.1%	31.2%	36.9%	36.0%			
Montana	1.24	32.1%	31.4%	39.1%		46.2%		33.1%
Nebraska	1.47	22.8%	21.6%	31.8%	22.5%	33.4%		
Nevada	1.34	33.3%	29.0%	38.8%	34.8%	44.2%	27.8%	
New Hampshire	1.23	20.8%	20.6%	25.4%				
New Jersey	1.69	23.4%	18.4%	31.1%	30.3%	34.0%	27.3%	
New Mexico	1.30	32.6%	28.0%	36.5%		37.7%		31.6%
New York	1.24	26.7%	24.1%	30.0%	29.9%	31.6%	27.7%	
North Carolina	1.42	29.4%	25.6%	36.5%	34.4%	50.2%	29.9%	34.1%
North Dakota	1.38	24.1%	23.7%	32.6%				39.7%
Ohio	1.33	24.1%	23.1%	30.8%	30.5%	45.2%		
Oklahoma	1.08	38.2%	36.8%	39.8%	42.9%	44.2%		43.7%
Oregon	1.25	30.2%	28.9%	36.2%		40.3%		
Pennsylvania	1.35	26.7%	25.4%	34.2%	34.5%	33.3%		
Rhode Island	1.76	18.0%	16.1%	28.3%	27.2%	29.5%		
South Carolina	1.45	30.5%	26.4%	38.3%	37.6%	43.5%		
South Dakota	1.44	24.4%	23.5%	34.0%				30.1%
Tennessee	1.05	29.5%	29.2%	30.7%	28.8%			
Texas	1.47	40.1%	32.8%	48.3%	43.5%	50.8%		
Utah	1.45	27.7%	25.8%	37.3%		43.0%		
Vermont	1.57	23.3%	22.7%	35.5%				
Virginia	1.46	24.1%	21.5%	31.4%	33.9%	32.8%		
Washington	1.23	26.8%	25.3%	31.2%	33.0%	38.2%	24.5%	40.0%
West Virginia	0.93	32.7%	32.9%	30.4%				
Wisconsin	1.59	20.0%	19.0%	30.2%	32.2%			
Wyoming	1.32	30.9%	29.9%	39.3%		38.5%		

Note: Among women ages 18–64.

\*All Minority women includes Black, Hispanic, Asian American and Native Hawaiian/Pacific Islander, American Indian/Alaska Native women, and women of two or more races.

Disparity score greater than 1.00 indicates that minority women are doing worse than White women. Disparity score less than 1.00 indicates that minority women are doing better than White women. Disparity score equal to 1.00 indicates that minority and White women are doing the same.

Source: BRFSS, 2004–2006 (Only 5 states used the oral health module in 2005: ID, ME, MS, NV, VA).

— — — Best state in column

———— Worst state in column

## NO DOCTOR VISIT IN PAST YEAR DUE TO COST

Affordability of health care is increasingly a problem for all Americans.<sup>41</sup> Even among women with insurance, costs associated with co-payments and coinsurance cause many to forgo needed care. Medicaid, the federal-state program to assist low-income families, the elderly, and people with disabilities, has no premiums and only nominal cost-sharing if any, but even those costs can be a barrier to women with very few resources.

### Highlights

- Nationally, 17.5% of women ages 18–64 reported they did not visit a doctor in the prior year due to cost (Table 2.5). On average, 27.4% of Latina, 25.7% of American Indian and Alaska Native women, and 21.9% of Black women reported this problem. By comparison, 12.1% Asian American, Native Hawaiian and Other Pacific Islander and 14.7% of White women reported cost as a barrier to care.
- There was variation within racial or ethnic groups across states. For example, 33.4% of Black women in Texas reported they went without a doctor visit because of cost compared to 13.4% of Black women in Massachusetts.
- The U.S. disparity score for this indicator was 1.55. State disparity scores ranged from a low of 0.81 in Hawaii to a high of 2.43 in Wisconsin, where minority women in every subgroup reported that they went without care due to cost at twice the rate of White women.
- Figure 2.5 shows four states in the lower quadrants (Hawaii, Maine, Alaska, and West Virginia) with disparity scores that were just lower than 1.00. In these states, the share of White and minority women for whom cost was a barrier to care was similar. In Alaska and West Virginia, greater shares of White women cited cost as a barrier than White women nationally; whereas in Hawaii and Maine, the reverse was true.
- Of the states in the upper left quadrant of Figure 2.5, Wisconsin and Rhode Island hovered above the rest as states with two of the highest disparity scores on this indicator, yet smaller shares of White women went without care due to cost than White women nationally.
- The upper right quadrant includes a cluster of southern states (Oklahoma, Mississippi, Arkansas, and Kentucky) in which the share of White women reporting cost as a barrier was greater than the national average for White women, yet women of color were still at a disadvantage relative to White women in the state.

FIGURE 2.5. State-Level Disparity Scores and Percent of White Women Ages 18–64 Who Did Not See a Doctor in Past Year Due to Cost



TABLE 2.5. No Doctor Visit in Past Year Due to Cost, by State and Race/Ethnicity

State	Disparity Score	Prevalence						
		All Women	All White	All Minority*	Black	Hispanic	Asian and NHPI	American Indian/ Alaska Native
<b>All States</b>	<b>1.55</b>	<b>17.5%</b>	<b>14.7%</b>	<b>22.8%</b>	<b>21.9%</b>	<b>27.4%</b>	<b>12.1%</b>	<b>25.7%</b>
Alabama	1.33	23.0%	20.8%	27.7%	27.8%			
Alaska	0.92	17.9%	18.6%	17.1%		12.1%		15.3%
Arizona	1.71	18.6%	14.7%	25.1%	16.2%	29.2%		17.3%
Arkansas	1.44	23.5%	21.7%	31.2%	29.8%	38.5%		
California	1.60	17.2%	12.1%	19.4%	14.1%	24.9%	9.1%	
Colorado	1.41	16.3%	14.8%	20.8%	16.4%	23.3%	8.9%	
Connecticut	1.96	11.6%	9.6%	18.8%	15.1%	24.4%	11.0%	
Delaware	1.22	11.1%	10.4%	12.8%	14.0%	10.3%		
District of Columbia	1.73	11.8%	7.9%	13.7%	13.9%	15.3%	7.1%	
Florida	1.56	20.7%	16.8%	26.3%	23.3%	29.3%	22.7%	
Georgia	1.46	20.4%	17.3%	25.3%	26.0%	24.4%		
Hawaii	0.81	8.9%	10.2%	8.3%		12.4%	7.8%	
Idaho	1.30	20.4%	19.8%	25.7%		27.2%		34.4%
Illinois	1.72	14.8%	11.7%	20.1%	17.8%	27.3%	11.2%	
Indiana	1.74	18.4%	16.6%	28.9%	28.4%	28.6%		
Iowa	2.07	11.1%	10.3%	21.3%	21.8%	25.0%		
Kansas	1.61	16.2%	14.5%	23.4%	27.9%	26.2%	10.5%	32.8%
Kentucky	1.39	23.0%	22.1%	30.6%	27.7%	38.2%		
Louisiana	1.66	23.0%	18.5%	30.6%	31.1%	28.0%		
Maine	0.85	12.6%	12.7%	10.8%				
Maryland	1.60	12.6%	10.0%	16.0%	16.5%	18.6%	9.5%	
Massachusetts	1.80	9.8%	8.3%	15.0%	13.4%	18.6%	11.2%	
Michigan	1.48	15.6%	14.0%	20.8%	22.3%	20.5%	9.9%	
Minnesota	1.99	12.2%	11.0%	22.0%	29.2%			
Mississippi	1.34	25.5%	22.5%	30.1%	30.4%	32.5%		
Missouri	1.18	17.1%	16.6%	19.6%	18.6%	15.3%		
Montana	1.65	17.8%	16.8%	27.8%		28.4%		23.3%
Nebraska	1.81	14.3%	13.0%	23.5%	21.1%	25.6%		
Nevada	1.54	20.7%	16.7%	25.8%	23.0%	29.5%	18.3%	
New Hampshire	1.71	12.6%	12.1%	20.6%		26.0%		
New Jersey	2.11	16.2%	11.0%	23.1%	18.2%	32.3%	13.4%	
New Mexico	1.38	20.4%	16.8%	23.2%		25.3%		17.4%
New York	1.68	13.9%	10.6%	17.8%	13.6%	21.9%	17.6%	
North Carolina	1.33	20.5%	18.4%	24.5%	23.7%	29.0%	15.4%	32.5%
North Dakota	1.69	9.5%	9.0%	15.3%				16.6%
Ohio	1.35	14.6%	13.8%	18.6%	18.0%	22.0%		
Oklahoma	1.35	24.4%	23.3%	31.4%	29.4%	32.5%	16.3%	23.0%
Oregon	1.40	20.3%	18.8%	26.3%		31.3%	19.0%	34.5%
Pennsylvania	1.58	13.7%	12.4%	19.7%	20.8%	20.9%	8.7%	
Rhode Island	2.32	11.5%	9.3%	21.7%	16.5%	24.5%		
South Carolina	1.44	21.2%	18.3%	26.3%	26.5%	22.3%		
South Dakota	1.49	12.2%	11.7%	17.4%		16.7%		18.4%
Tennessee	1.07	16.4%	16.1%	17.3%	16.5%			
Texas	1.60	27.0%	20.8%	33.4%	33.4%	35.6%	10.5%	
Utah	1.53	17.0%	15.7%	24.0%		28.8%	11.1%	
Vermont	1.22	12.5%	12.4%	15.1%		13.0%		
Virginia	1.55	14.2%	12.4%	19.3%	17.4%	29.5%		
Washington	1.39	16.8%	15.3%	21.3%	22.7%	28.1%	14.0%	28.3%
West Virginia	0.94	24.5%	24.4%	23.0%	19.6%			
Wisconsin	2.43	11.2%	10.0%	24.2%	23.9%	25.7%		
Wyoming	1.49	18.6%	17.7%	26.4%		27.0%		23.7%

Note: Among women ages 18–64.

\*All Minority women includes Black, Hispanic, Asian American and Native Hawaiian/Pacific Islander, American Indian/Alaska Native women, and women of two or more races.

Disparity score greater than 1.00 indicates that minority women are doing worse than White women. Disparity score less than 1.00 indicates that minority women are doing better than White women. Disparity score equal to 1.00 indicates that minority and White women are doing the same.

Source: BRFSS, 2004–2006.

— — — Best state in column

———— Worst state in column

## NO MAMMOGRAM IN PAST TWO YEARS

Routine mammography is a critical factor in helping to diagnose breast cancer in its earliest stages, when treatment is most effective. The U.S. Preventive Services Task Force recommends that women ages 40 and older have a mammogram every 1–2 years. After rising for many years, the National Cancer Institute found that screening rates had fallen between 2001 and 2004. Certain populations of women, such as African Americans, have a lower incidence of breast cancer but poorer survival rates when diagnosed.<sup>42,43,44</sup> This could be because the cancer is detected when it is more advanced and more difficult to treat, or, as some theorize, because African American women tend to have a more aggressive type of cancer.

### Highlights

- Among women ages 40–64, American Indian and Alaska Native (33.5%), Asian American, Native Hawaiian and Other Pacific Islander (29.2%), and Hispanic (28.8%) women had the highest rates of no recent mammogram, while Black women (24.1%) had the lowest rate, slightly better than the rate for White women (24.9%).
- The share of women who did not get a mammogram ranged from a low of 16.3% in Massachusetts to a high of 37.1% in Idaho. There was also considerable variation within racial and ethnic groups across states. For example, 14.5% of Latinas in Massachusetts did not have a mammogram in the past two years compared to 42.9% of Latinas in Oklahoma.
- The U.S. disparity score for no mammogram in the past two years was 1.09, meaning that rates of no mammogram were just slightly higher among women of color than among White women. State disparity scores ranged from a low of 0.78 in Tennessee to a high of 1.59 in Iowa.
- In Figure 2.6, states were about equally clustered in the upper quadrants, with disparity scores above 1.00. In these states, women of color had higher rates of no mammogram than White women.
- The upper left quadrant includes states in which White women did better than the national average for White women, but women of color fared worse than White women in the state.
- Although Iowa had the highest disparity score (1.59), White women in the state also had lower rates of no mammogram than White women nationally, which is reflected in the state's position in the upper left quadrant in Figure 2.6.
- The upper right quadrant includes states in which White women had higher rates of no mammogram than the national average for White women, yet the rates were even higher among women of color.
- This is one of the few indicators where a sizable minority of states (eight states, four of which are Southern states) fell into the lower quadrants of Figure 2.6, meaning that women of color had lower rates of no recent mammogram than White women in their states.
- Tennessee, in the lower left quadrant, had the lowest disparity score in the nation, which meant that women of color had lower rates of no mammogram than White women in the state. It also meant that White women in the state had a lower rate of no mammograms than White women nationally.

FIGURE 2.6. State-Level Disparity Scores and Percent of White Women Ages 40–64 Who Did Not Have a Mammogram in Past Two Years



TABLE 2.6. No Mammogram in Past Two Years for Women Ages 40–64, by State and Race/Ethnicity

State	Disparity Score	Prevalence						
		All Women	White	All Minority*	Black	Hispanic	Asian and NHPI	American Indian/ Alaska Native
<b>All States</b>	<b>1.09</b>	<b>25.5%</b>	<b>24.9%</b>	<b>27.1%</b>	<b>24.1%</b>	<b>28.8%</b>	<b>29.2%</b>	<b>33.5%</b>
Alabama	1.03	24.9%	24.6%	25.4%	22.9%			
Alaska	0.91	30.3%	31.1%	28.4%				26.0%
Arizona	1.25	26.0%	24.8%	31.0%		31.8%		24.7%
Arkansas	0.99	32.6%	32.5%	32.2%	26.2%			
California	1.13	23.8%	22.4%	25.3%	25.8%	24.9%	25.6%	
Colorado	1.17	30.1%	29.4%	34.3%	30.8%	38.4%		
Connecticut	1.34	18.2%	17.3%	23.3%	21.5%	21.1%		
Delaware	0.89	17.0%	17.5%	15.6%	12.8%			
District of Columbia	1.03	19.6%	19.4%	20.0%	19.3%			
Florida	1.03	25.8%	25.4%	26.1%	21.2%	30.5%		
Georgia	1.01	23.8%	23.6%	23.8%	22.4%			
Hawaii	1.05	24.6%	23.9%	25.0%		33.3%	23.9%	
Idaho	0.93	37.1%	37.2%	34.7%				
Illinois	1.01	24.5%	24.5%	24.8%	23.4%	23.3%		
Indiana	1.03	29.9%	29.6%	30.4%	27.7%			
Iowa	1.59	23.0%	22.4%	35.7%				
Kansas	1.26	25.8%	25.2%	31.7%	26.0%	32.3%		
Kentucky	1.00	24.9%	25.0%	25.0%	21.2%			
Louisiana	0.97	25.4%	25.7%	24.8%	24.4%	28.8%		
Maine	1.46	19.1%	18.8%	27.4%				
Maryland	1.00	21.3%	21.3%	21.3%	22.2%			
Massachusetts	1.33	16.3%	15.9%	21.1%	22.4%	14.5%		
Michigan	1.14	21.5%	20.9%	23.8%	20.9%			
Minnesota	1.30	19.5%	19.2%	24.9%				
Mississippi	1.11	32.9%	31.6%	35.3%	35.8%			
Missouri	0.92	30.2%	30.5%	28.1%	23.6%			
Montana	1.05	30.6%	30.5%	32.0%				35.6%
Nebraska	1.21	25.1%	24.7%	29.9%		34.6%		
Nevada	1.01	30.4%	30.5%	30.9%		31.4%		
New Hampshire	1.47	20.6%	20.3%	29.9%				
New Jersey	1.09	23.1%	22.5%	24.6%	19.8%	26.2%	29.9%	
New Mexico	1.12	31.1%	29.7%	33.3%		33.2%		37.4%
New York	1.13	23.2%	22.1%	25.0%	23.8%	22.7%		
North Carolina	1.18	22.5%	21.7%	25.7%	20.8%	41.1%		30.8%
North Dakota	1.35	26.1%	25.6%	34.6%				
Ohio	1.04	27.6%	27.2%	28.2%	24.8%			
Oklahoma	1.05	34.1%	34.4%	36.2%	33.8%	42.9%		27.2%
Oregon	1.29	27.9%	27.2%	35.1%				
Pennsylvania	1.22	26.1%	25.4%	30.9%	32.4%			
Rhode Island	1.07	17.0%	16.9%	18.2%		16.2%		
South Carolina	0.88	27.8%	28.8%	25.2%	24.3%			
South Dakota	1.32	26.7%	26.2%	34.7%				31.1%
Tennessee	0.78	21.2%	22.1%	17.2%	17.7%			
Texas	1.25	33.3%	30.2%	37.9%	27.1%	41.3%		
Utah	1.15	35.4%	35.0%	40.4%		38.3%		
Vermont	1.35	22.8%	22.4%	30.3%				
Virginia	1.01	26.1%	26.0%	26.3%	24.4%			
Washington	1.14	27.2%	26.6%	30.2%	32.9%	31.5%	26.7%	39.0%
West Virginia	1.07	26.5%	26.4%	28.1%				
Wisconsin	1.38	24.3%	23.7%	32.7%	21.9%			
Wyoming	1.29	33.8%	33.1%	42.5%		39.8%		

Note: Among women ages 40–64.

\*All Minority women includes Black, Hispanic, Asian American and Native Hawaiian/Pacific Islander, American Indian/Alaska Native women, and women of two or more races.

Disparity score greater than 1.00 indicates that minority women are doing worse than White women. Disparity score less than 1.00 indicates that minority women are doing better than White women. Disparity score equal to 1.00 indicates that minority and White women are doing the same.

Source: BRFSS, 2004 & 2006 (The Women's Health module is only used in even-numbered years).

— — — Best state in column

————— Worst state in column

## NO PAP TEST IN PAST THREE YEARS

Cervical cancer is now largely preventable because of the Pap test. In recent years, tremendous progress has been made in improving access to Pap smears for low-income and uninsured women through programs such as the CDC's National Breast and Cervical Cancer Early Detection Program (NBCCEDP), and by state-level insurance mandates that require insurers to cover screenings. Improvements in Pap screenings, especially for women of color, may also be attributed to other state policies and programs. One study found that Spanish-speaking women in California were more likely than English speakers to have received a Pap test in the past three years.<sup>45</sup> Another study documented that reports of cervical cancer screening were higher among Latina and African American Medicaid beneficiaries in California than among Whites.<sup>46</sup>

The U.S. Preventive Services Task Force recommends that women begin screening within three years of the onset of sexual activity or at age 21 (whichever comes first), and obtain a Pap test at least every three years after a negative result.<sup>47</sup>

### Highlights

- Nationally, 13.2% of women had not had a Pap test in the past three years (Table 2.7). Almost one-quarter (24.1%) of Asian American, Native Hawaiian and Other Pacific Islander, 18.2% of American Indian and Alaska Native, and 16.3% of Hispanic women had not had a Pap smear in the past three years. White (12.2%) and African American women (11.0%) had considerably lower rates of no Pap test.

- The share of women who did not get their recommended Pap tests ranged from a low of 8.5% in Maine to a high of 22.6% in Utah. The share of White women who did not get a Pap test ranged from 7.6% in the District of Columbia to 22.4% in Utah.

- The U.S. disparity score for no Pap test was 1.27, meaning that rates were just higher among women of color than among White women. State disparity scores ranged from a low of 0.66 in Maine to a high of 2.08 in Massachusetts, the only state with a disparity score above 2.00. In Maine, the state's relatively small population of minority women had the nation's lowest rate of no Pap tests.

- In Figure 2.7, the distribution of states was most concentrated in the upper left quadrant. In these states, White women had lower rates of no Pap test than both White women nationally and women of color in their state.

- In Massachusetts, the state with the highest disparity score, the share of White women reporting no Pap test in the past three years (7.9%) was lower than the national average for White women (12.2%).
- In Figure 2.7, nine states, primarily in the northeastern and southeastern regions of the U.S., fell into the lower quadrants, which meant that rates of no Pap test among minority women were lower than among White women.
- In Maine, which had the lowest disparity score, a higher share of both White and minority women had Pap tests than White women nationally, but a higher share of minority women had a Pap test than White women in the state.

FIGURE 2.7. State-Level Disparity Scores and Percent of White Women Ages 18–64 Who Did Not Have a Pap Test in Past Three Years





TABLE 2.7. No Pap Test in Past Three Years, by State and Race/Ethnicity

State	Disparity Score	Prevalence						
		All Women	All White	All Minority*	Black	Hispanic	Asian and NHPI	American Indian/ Alaska Native
All States	1.27	13.2%	12.2%	15.5%	11.0%	16.3%	24.1%	18.2%
Alabama	1.00	12.5%	12.4%	12.5%	11.7%			
Alaska	1.19	11.3%	11.1%	13.3%				9.5%
Arizona	1.88	13.9%	10.7%	20.0%		17.6%		15.1%
Arkansas	1.00	16.5%	16.2%	16.2%	13.8%			
California	1.33	14.2%	12.1%	16.0%	10.0%	16.0%	18.7%	
Colorado	1.03	11.7%	11.6%	11.9%	9.4%	11.6%		
Connecticut	1.51	9.8%	8.9%	13.4%	8.6%	15.2%	25.5%	
Delaware	1.35	9.7%	9.0%	12.2%	9.3%			
District of Columbia	1.37	9.5%	7.6%	10.4%	9.8%	12.5%		
Florida	1.35	14.8%	12.7%	17.2%	13.6%	18.7%		
Georgia	1.23	11.1%	10.2%	12.5%	9.7%	24.0%		
Hawaii	1.27	16.6%	13.6%	17.3%		16.5%	18.5%	
Idaho	0.96	19.6%	19.7%	18.9%		16.5%		
Illinois	1.06	12.1%	11.8%	12.6%	8.8%	12.1%	22.6%	
Indiana	1.06	15.4%	15.2%	16.0%	15.0%	12.5%		
Iowa	1.97	10.9%	10.1%	19.9%		25.1%		
Kansas	1.32	12.3%	11.6%	15.3%	11.2%	18.5%		
Kentucky	1.15	13.7%	13.5%	15.5%	17.2%			
Louisiana	1.12	13.6%	12.7%	14.1%	12.9%	21.4%		
Maine	0.66	8.5%	8.6%	5.7%				
Maryland	1.15	10.5%	10.0%	11.6%	10.2%	14.8%	16.4%	
Massachusetts	2.08	9.2%	7.9%	16.4%	10.5%	16.6%	22.2%	
Michigan	1.04	12.5%	12.2%	12.7%	10.3%	10.0%		
Minnesota	1.30	10.8%	10.5%	13.6%	14.8%			
Mississippi	0.79	13.0%	14.3%	11.3%	11.2%			
Missouri	0.85	14.1%	14.4%	12.3%	10.4%			
Montana	0.85	14.4%	14.6%	12.5%				14.2%
Nebraska	1.32	13.0%	12.6%	16.6%		14.7%		
Nevada	1.02	14.7%	14.7%	15.0%		12.8%		
New Hampshire	1.82	9.0%	8.6%	15.6%				
New Jersey	1.23	12.8%	11.7%	14.4%	9.8%	12.8%	24.3%	
New Mexico	1.06	14.0%	13.8%	14.6%		12.9%		21.9%
New York	1.50	12.3%	10.7%	16.1%	11.1%	12.2%	33.7%	
North Carolina	0.97	10.7%	10.6%	10.3%	8.1%	13.5%	23.0%	8.4%
North Dakota	1.11	13.4%	13.3%	14.8%				
Ohio	0.77	12.7%	13.1%	10.1%	7.9%	19.8%		
Oklahoma	1.16	16.3%	16.1%	18.6%	13.7%	16.9%		16.3%
Oregon	1.49	14.3%	13.3%	19.8%		19.6%		
Pennsylvania	1.38	13.3%	12.5%	17.2%	15.4%	17.5%		
Rhode Island	0.95	8.9%	8.9%	8.4%	8.9%	7.6%		
South Carolina	0.83	11.3%	11.7%	9.7%	8.8%	10.6%		
South Dakota	1.33	10.7%	10.4%	13.9%				10.9%
Tennessee	1.06	10.9%	10.8%	11.4%	8.8%			
Texas	1.30	17.6%	15.2%	19.7%	11.7%	20.9%		
Utah	1.08	22.6%	22.4%	24.2%		20.9%		
Vermont	1.83	9.5%	9.1%	16.7%				
Virginia	1.07	11.6%	11.4%	12.2%	10.4%	7.6%		
Washington	1.53	13.3%	12.3%	18.8%	19.0%	14.7%	23.5%	15.8%
West Virginia	1.08	13.8%	13.7%	14.8%				
Wisconsin	1.57	11.5%	10.8%	16.9%	11.3%			
Wyoming	1.04	14.7%	14.6%	15.2%		14.8%		

Note: Among women ages 18–64.

\*All Minority women includes Black, Hispanic, Asian American and Native Hawaiian/Pacific Islander, American Indian/Alaska Native women, and women of two or more races.

Disparity score greater than 1.00 indicates that minority women are doing worse than White women. Disparity score less than 1.00 indicates that minority women are doing better than White women. Disparity score equal to 1.00 indicates that minority and White women are doing the same.

Source: BRFSS, 2004–2006.

— — Best state in column

—— Worst state in column

## LATE INITIATION OF OR NO PRENATAL CARE

Women who receive early prenatal care and maintain a healthy diet during pregnancy are less likely to deliver low or very-low-birthweight babies, and have lower infant mortality rates. In the past two decades there has been significant policy attention to the importance of timely and adequate prenatal care in improving birth and maternal outcomes. State and federal policymakers responded to national reports that recognized the importance of opening financial access to prenatal care by expanding eligibility to Medicaid for low-income pregnant women. Today, Medicaid finances more than 40% of all births in the U.S., and few women are uninsured by the time they deliver. Financial access, however, is only one of many factors that influence early entry into prenatal care. Other factors, such as the availability of health providers in neighborhoods and language accessibility, also affect the timely use of prenatal care services.

This indicator reports the percent of all live births for which women initiated prenatal care after the first trimester, or received no prenatal care at all.

### Highlights

- Nationally, 16.2% of women initiated prenatal care late or did not receive prenatal care (Table 2.8). White women (11.1%) had the lowest rate of initiating prenatal care late or receiving no prenatal care, followed by American Indian and Alaska Native (14.7%), Hispanic (22.9%), Black (23.9%), and Asian American, Native Hawaiian and Other Pacific Islander (30.1%) women.
- The share of women initiating prenatal care late or receiving no prenatal care ranged from a low of 9.2% in New Hampshire to a high of 30.9% in New Mexico.
- The U.S. disparity score for prenatal care was 2.04, meaning the share of women with late or no prenatal care was twice as high among women of color than White women. States disparity scores for late initiation of or no prenatal care ranged from a low of 1.39 in Hawaii to a high of 3.04 in the District of Columbia.
- In the District of Columbia, Black and Hispanic women initiated prenatal care late or received no prenatal care at three times the rate of White women, and American Indian and Alaska Native women had a rate of late or no prenatal care that was more than four times as high as the rate for White women.
- In Figure 2.8, all states clustered in the upper quadrants, with disparity scores above 1.00, which meant that in all states women of color had higher rates of late or no prenatal care than White women.
- The states in the upper left quadrant were clustered tightly around the national average for White women, meaning that White women in these states had just slightly lower rates of late/no prenatal care than the national average for White women, but a higher share of women of

color than White women in these states had late or no prenatal care.

- In the states in the upper right quadrant, White women had a higher prevalence of late or no prenatal care than the national average for White women, and women of color had higher rates than White women within their state.
- New Mexico stood out from other states in Figure 2.8. Women of all racial and ethnic groups had relatively high rates of late or no prenatal care, which is reflected in the state's position at the far right-hand side of the upper right quadrant.
- No states fell into the lower quadrants, meaning that minorities did not achieve parity with White women in receipt of prenatal care in any state.

FIGURE 2.8. State-Level Disparity Scores and Percent of Births with No or Late Prenatal Care for White Women Ages 18–64

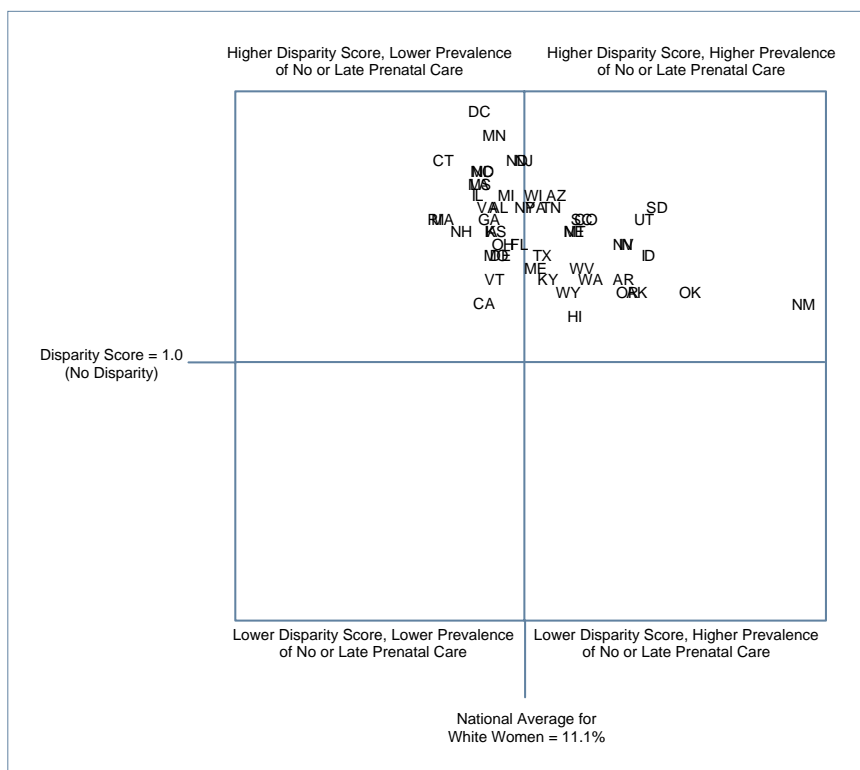


TABLE 2.8. Late Initiation of or No Prenatal Care, by State and Race/Ethnicity

State	Percent of Live Births with Late or No Prenatal Care							
	Disparity Score	All Women	White	All Minority*	Black	Hispanic	Asian and NHPI	American Indian/ Alaska Native
All States	2.04	16.2%	11.1%	22.7%	23.9%	22.9%	14.7%	30.1%
Alabama	2.68	16.3%	10.0%	26.8%	24.5%	46.9%	12.6%	18.6%
Alaska	1.47	19.8%	16.0%	23.5%	16.3%	21.8%	24.9%	29.7%
Arizona	2.53	23.5%	12.5%	31.6%	21.8%	33.2%	15.8%	32.0%
Arkansas	1.74	18.9%	15.4%	26.9%	26.7%	29.4%	17.6%	24.6%
California	1.55	13.0%	9.4%	14.5%	16.5%	15.2%	11.5%	24.0%
Colorado	2.22	20.5%	13.8%	30.6%	28.8%	32.4%	19.2%	32.4%
Connecticut	2.59	11.9%	7.6%	19.7%	19.7%	23.1%	12.3%	14.6%
Delaware	1.98	14.4%	10.1%	20.0%	18.8%	28.0%	9.9%	12.9%
District of Columbia	3.04	23.2%	9.2%	27.9%	28.5%	29.5%	18.3%	38.1%
Florida	1.94	16.1%	10.9%	21.2%	26.0%	18.6%	12.2%	35.8%
Georgia	2.28	15.8%	9.6%	21.9%	20.9%	29.0%	11.4%	16.5%
Hawaii	1.39	17.3%	13.3%	18.5%	9.7%	18.9%	18.8%	18.8%
Idaho	1.77	18.9%	16.5%	29.3%	24.1%	33.1%	19.6%	32.5%
Illinois	2.35	14.7%	9.1%	21.4%	25.8%	20.4%	11.9%	18.6%
Indiana	1.98	18.8%	15.5%	30.7%	30.8%	35.5%	16.5%	29.1%
Iowa	2.14	11.3%	9.7%	20.7%	22.9%	24.5%	12.4%	24.1%
Kansas	2.19	13.0%	9.9%	21.7%	20.7%	25.9%	13.8%	18.0%
Kentucky	1.70	13.3%	12.1%	20.5%	21.3%	31.4%	12.8%	14.8%
Louisiana	2.48	15.5%	9.2%	22.9%	24.1%	16.3%	11.7%	15.6%
Maine	1.75	12.1%	11.6%	20.3%	23.6%	19.5%	17.9%	22.0%
Maryland	2.60	16.6%	9.3%	24.2%	24.5%	31.9%	15.1%	21.3%
Massachusetts	2.18	10.2%	7.6%	16.5%	20.0%	17.0%	13.9%	11.5%
Michigan	2.27	14.1%	10.3%	23.4%	28.1%	22.1%	11.8%	20.6%
Minnesota	2.85	13.9%	9.8%	27.9%	27.8%	30.4%	25.5%	36.0%
Mississippi	2.47	15.6%	9.2%	22.7%	22.8%	23.0%	14.1%	27.8%
Missouri	1.86	11.8%	9.9%	18.4%	19.7%	20.3%	11.6%	19.6%
Montana	2.13	16.2%	13.3%	28.4%	14.8%	19.9%	16.3%	33.9%
Nebraska	2.04	16.8%	13.3%	27.1%	28.1%	30.0%	16.3%	31.5%
Nevada	2.07	24.4%	15.4%	31.9%	30.0%	35.9%	19.8%	31.4%
New Hampshire	1.83	9.2%	8.4%	15.3%	24.3%	19.6%	14.7%	18.1%
New Jersey	2.71	20.2%	11.1%	30.0%	36.5%	32.1%	15.2%	32.1%
New Mexico	1.48	30.9%	23.2%	34.4%	31.8%	33.3%	23.9%	40.8%
New York	1.72	15.0%	11.1%	19.1%	29.4%	26.7%	17.3%	25.2%
North Carolina	2.66	15.7%	9.3%	24.8%	23.7%	30.1%	15.0%	19.8%
North Dakota	2.36	13.6%	10.8%	25.5%	17.4%	19.5%	12.8%	33.1%
Ohio	1.90	12.2%	10.2%	19.3%	21.2%	21.3%	9.7%	19.1%
Oklahoma	1.67	22.4%	18.3%	30.6%	29.6%	35.4%	19.7%	29.8%
Oregon	1.73	18.9%	15.6%	27.0%	24.4%	29.8%	18.3%	31.1%
Pennsylvania	2.05	14.7%	11.6%	23.7%	27.6%	26.5%	18.9%	17.6%
Rhode Island	1.79	9.8%	7.2%	12.9%	18.8%	13.2%	18.2%	19.1%
South Carolina	2.17	20.3%	13.6%	29.5%	29.6%	38.3%	20.5%	22.6%
South Dakota	2.38	22.0%	16.9%	40.2%	36.5%	36.1%	27.7%	42.3%
Tennessee	2.19	16.6%	12.3%	27.0%	27.0%	41.5%	16.9%	21.8%
Texas	1.92	18.9%	11.9%	22.8%	22.6%	24.0%	11.0%	20.6%
Utah	2.21	20.1%	16.3%	36.1%	39.7%	35.9%	34.3%	43.3%
Vermont	1.82	10.2%	9.8%	17.8%	27.9%	20.6%	13.1%	14.3%
Virginia	2.36	14.6%	9.5%	22.4%	22.4%	28.9%	14.5%	17.9%
Washington	1.64	17.1%	14.0%	23.0%	24.2%	28.2%	18.4%	28.0%
West Virginia	1.73	14.1%	13.6%	23.5%	25.0%	25.8%	13.9%	30.8%
Wisconsin	2.38	15.1%	11.5%	27.4%	26.0%	29.3%	30.0%	28.8%
Wyoming	1.69	14.5%	13.0%	22.0%	13.9%	20.4%	15.3%	29.1%

Note: Data are for all live births, regardless of maternal age.

\*All Minority women includes Black, Hispanic, Asian American and Native Hawaiian/Pacific Islander, American Indian/Alaska Native women, and women of two or more races.

Disparity score greater than 1.00 indicates that minority women are doing worse than White women. Disparity score less than 1.00 indicates that minority women are doing better than White women. Disparity score equal to 1.00 indicates that minority and White women are doing the same.

Source: Centers for Disease Control and Prevention, National Center for Health Statistics, National Vital Statistics System; Health, United States, 2007.

— — Best state in column

—— Worst state in column