

access advocacy  
african american  
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density cancer children  
cardiovascular  
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DIABETES diet disability  
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mental health native  
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prenatal prescription  
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of care race risk factors  
RURAL schools self-  
esteem socioeconomics  
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# Fact Sheets

## Disparities by Gender

There are many differences in the overall health and health care needs of men and women. For example:

- Men have a life expectancy that is six years less than that of women and have higher death rates for each of the 10 leading causes of death.<sup>1</sup>
- Men are two times more likely than women to die from unintentional injuries and four times more likely than women to die from firearm-related injuries.<sup>1</sup>
- Women have increased death rates for lung cancer.<sup>1</sup>
- Women are at greater risk for Alzheimer's disease than men and are twice as likely to be affected by major depression.<sup>1</sup>

**In addition to the gender differences mentioned above, there are notable disparities in health care for certain groups of women and men.**

- **Costs.** Women of reproductive age currently spend 68 percent more in out-of-pocket health care costs than men, mainly due to reproductive health-related supplies and services.<sup>4</sup> In 1998, more than half of all Viagra prescriptions received some insurance reimbursement which was more than the reimbursement for diaphragms and IUDs.<sup>4</sup>
- **Unequal Care.** Men are far less likely than women to have access to or to utilize essential health care.<sup>6</sup> After a heart attack, women and men of color are less likely than White men to receive diagnostic and therapeutic procedures and cardiac rehabilitation.<sup>2,5</sup>
- **Race/Ethnicity.** African-American women are nearly three times as likely to die from pregnancy complications and childbirth as white women.<sup>3</sup> Native American, African-American and Hispanic women are most likely to receive inadequate prenatal care.<sup>3</sup> Forty percent of African American men die prematurely from cardiovascular disease, compared with 21% of White men.<sup>7</sup>
- **Income.** Higher income women are less concerned about their ability to obtain needed medical care than lower income women. Higher income women are more likely to report that they "always obtain care for an illness or injury as soon as desired" and "are able to see specialists" than lower income women.<sup>2</sup> About four of ten men living in poverty have not seen a physician

in the past year. Only about two-thirds of poor and near-poor men report having a usual source of care, compared to 85% of men with incomes above 200 percent of the federal poverty line.<sup>6</sup>

- **Lack of insurance.** Uninsured women receive fewer prenatal services and care than women with insurance.<sup>3</sup> The majority of low-income uninsured parents are low-income mothers.<sup>2</sup> African American men (46%) and Latino men (28%) are less likely to be insured than non-Latino White men (17%). Among poor men, nearly 59% of Black men and 73% of Latino men have no insurance.<sup>6</sup>
- **Education.** Higher-educated women are less concerned about their ability to obtain needed medical care than less-educated women. Higher-educated women are less likely to experience long waits to see their health care provider and less likely to be uninsured than less-educated women.<sup>2</sup>
- **Insurance.** Even though women are slightly more likely than men to be insured, uninsured women are nearly 20 percent more likely to report that they have difficulty obtaining health care services than uninsured men.<sup>2</sup> Poor women were still more likely to report having an office visit during the past year compared to men in any income bracket. More than three-fourths of White men obtain health coverage through their employer, while only two-thirds of Black men and half of Latino men get job-based coverage.<sup>6</sup>

1. "Healthy People 2010: An Overview," [www.Healthypeople.gov](http://www.Healthypeople.gov).
2. "National Healthcare Disparities Report," US Dept Health and Human Services, December 2003, Prepublication Copy.
3. March of Dimes 2003 Data Book for Policy Makers, "Maternal, Infant, and Child Health in the United States."
4. PPAC fact sheet "Equity in Prescription Insurance and Contraceptive Coverage," May 18, 2001. Cited from the Women's Research and Education Institute (1994). <http://www.ppacca.org/issues/read.asp?ID=71>
5. Geiger HJ. "Racial and Ethnic Disparities in Diagnosis and Treatment: A Review of the Evidence and a Consideration of Causes" in Unequal Treatment: Confronting Racial and Ethnic Disparities in Healthcare, Institute of Medicine, 2003
6. Meyer JA, et al. "Health Care Access for Men," W.K. Kellogg Foundation, August 2003.
7. Barnette E, et al. "Men and Heart Disease: An Atlas of Racial and Ethnic Disparities in Mortality," Centers for Disease Control and Prevention, 2001.

