

WOMEN SERVED BY COMMUNITY HEALTH CENTERS

Administered by the Health Resources and Services Administration's Bureau of Primary Health Care, Community Health Centers (CHCs) are a nationwide network of clinics that provide comprehensive primary care services, regardless of the ability to pay.⁵⁶ Some health centers also target services to specific populations, such as homeless persons and migrant workers.

In 2012, Federally-supported CHCs served 21.1 million people, of whom 9.0 million were adult women aged 18 and older. Women served by CHCs tend to be younger than the general population. More than half of women (57.5 percent) served by CHCs were of reproductive age

(18–44 years) compared to 45.9 percent of all women nationally.

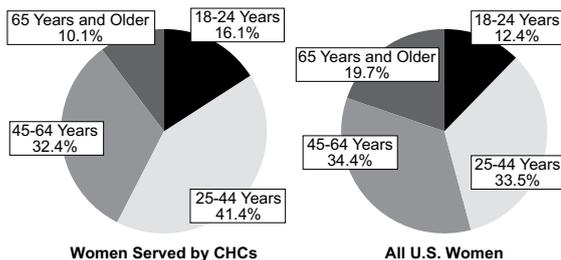
In 2012, 92.6 percent of CHC patients had incomes at or below 200 percent of poverty, 61.6 percent were racial or ethnic minorities, 36.0 percent were uninsured, and 40.8 percent were Medicaid insured.⁵⁷ As a critical access point for the uninsured, CHCs will be pivotal to the success of the Affordable Care Act in helping to enroll and care for newly insured patients and continuing to serve those who may remain uninsured, including immigrants and low-income individuals in States that do not expand Medicaid.⁵⁸

CHCs have a 45-year record of providing high-quality care that has helped to reduce health disparities.⁵⁹ Despite serving a low-income,

mostly uninsured or publicly insured population, rates of recommended breast and cervical cancer screening among women seen at CHCs are similar to national averages for all women. In 2009, 74.5 and 85.2 percent of female CHC patients reported having received recommended breast and cervical cancer screenings, respectively, similar to 73.1 and 81.2 percent of all U.S. women. Moreover, women who were either publicly insured or uninsured and seen at CHCs were more likely to have received screenings than comparable women nationally. For example, fewer than half of uninsured women received recommended mammography screening (41.7 percent) compared to 3 out of 5 uninsured women seen at CHCs (62.0 percent).

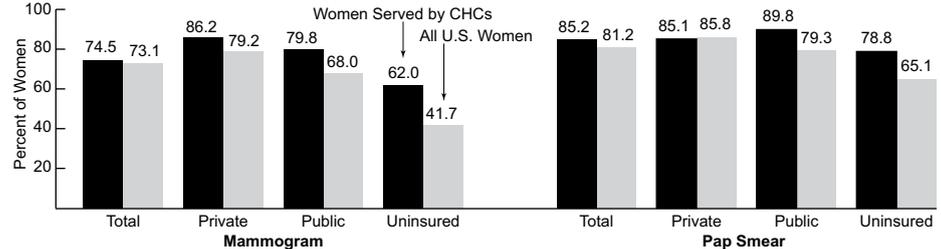
Women Aged 18 and Older Served by Community Health Centers Compared to All U.S. Women, by Age, 2012

Source II.17: Health Resources and Services Administration, Bureau of Primary Health Care, Uniform Data System and U.S. Census Bureau, Annual Estimates of the Resident Population



Receipt of Recommended Breast and Cervical Cancer Screening* Among Women Served by Community Health Centers Compared to All U.S. Women, by Health Insurance Coverage,** 2009

Sources II.18: Health Resources and Services Administration, Bureau of Primary Health Care, Community Health Center Patient Survey and Centers for Disease Control and Prevention, National Center for Health Statistics, National Health Interview Survey



*Based on U.S. Preventive Services Task Force recommendations of biennial mammography for women aged 50–74 years and a Pap smear every three years for women aged 21–65 years; CHC data are from the 2009 CHC Patient Survey; U.S. data are from the 2008/2010 National Health Interview Survey. **Private coverage includes persons with any private insurance, either alone or in combination with public coverage; public includes those covered only by government programs such as Medicaid, Medicare, military plans, and state-sponsored health plans.

IMMIGRANT WOMEN

In 2011, 19.3 million women, representing 15.8 percent of all women residing in the United States, were immigrants, defined as foreign-born and not a U.S. citizen at birth. About half of immigrant women had become naturalized U.S. citizens, with the remaining half of non-citizens comprising legal permanent residents, temporary residents (e.g., foreign students), humanitarian migrants (e.g., refugees), and undocumented migrants. Over half of all U.S. immigrants are from Latin America (53.1 percent), followed by Asia (28.2 percent) and Europe (12.1 percent; data not shown).⁶⁰ Immigrants tend to be younger and have lower levels of education and income than the general U.S. population, despite having higher levels of labor force participation.⁶⁰

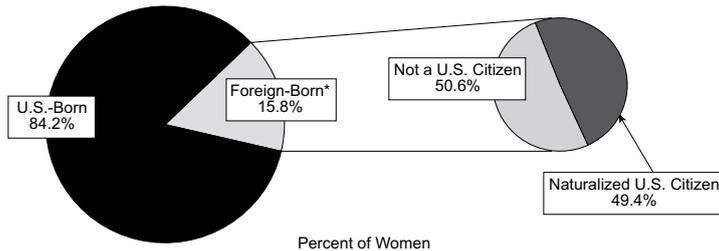
Although immigrants tend to be healthier than U.S.-born populations, perhaps due to culturally-protective behaviors, this advantage erodes with length of U.S. residence⁶¹ and may be hastened by barriers to health care, including limited health insurance access, lower income, and language barriers.⁶² In 2011, nearly one in three foreign-born women were uninsured (29.4 percent) compared to 13.9 percent of U.S.-born women. Immigrant women were also nearly twice as likely as U.S.-born women to lack a usual source of care (19.9 versus 11.3 percent, respectively). Among immigrant women, non-citizens were most likely to be uninsured (41.1 percent) and have no usual source of care (25.6 percent). These barriers to care may translate into lower utilization of preventive services. In 2011,

immigrant women were less likely than their U.S.-born counterparts to have received recommended vaccinations for HPV (15.2 versus 32.6 percent, respectively) and pneumococcal disease (45.4 versus 67.4 percent, respectively), which protect against cervical cancer and an infection that may cause pneumonia and other life-threatening complications. Non-citizen immigrant women were less likely than those with citizenship to have received pneumococcal vaccination.

Citizens and legal immigrants without health insurance may gain coverage options through Medicaid expansions and health insurance marketplaces as part of the Affordable Care Act, while community health centers will continue to be critical providers of high-quality, culturally-competent care for those who lack coverage (see *Women Served by Community Health Centers*).⁶³

Women Aged 18 and Older, by Nativity and Citizenship Status, 2011

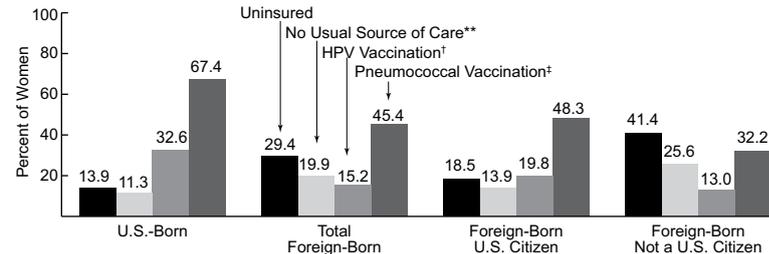
Source II.19: U.S. Census Bureau, American Community Survey



*Includes those born in another country and not a U.S. citizen at birth; naturalized citizens are those that have applied and been granted citizenship through a test and interviews; non-citizens include legal permanent residents, temporary residents (e.g. foreign students), humanitarian migrants (e.g. refugees), and undocumented migrants.

Selected Health Care Indicators for Women Aged 18 and Older,* by Nativity and Citizenship Status, 2011

Source II.20: Centers for Disease Control and Prevention, National Center for Health Statistics, National Health Interview Survey



*Estimates of uninsured and no usual source of care are age-adjusted. **Defined as having a place where one usually receives care when sick, excluding emergency departments. †Aged 18-26 years; received at least one dose. ‡Aged 65 years and older.

LESBIAN AND BISEXUAL WOMEN

Lesbian and bisexual women have been shown to be at increased risk for adverse health outcomes, including overweight and obesity, poor mental health, substance abuse, violence, and barriers to optimal health care resulting from social and economic inequities.^{64,65} Although frequently referred to as part of a larger group of sexual minorities, including gay men and transgender individuals, the health status and needs of lesbian and bisexual women are shaped by a range of factors including sexual identity and behavior, as well as traditional sociodemographic factors, like age, education, and race and ethnicity. The terms “lesbian” and “bisexual” are used to define women according to their sexual orientation which can reflect sexual identity, behavior, or attraction;⁶⁶ on this page the terms lesbian and bisexual refer to women’s self-reported sexual identity.⁶⁷

In 2006–2010, 1.2 percent of women aged 18–44 years self-identified as homosexual, gay, or lesbian and 3.9 percent self-identified as bisexual. The proportion of women who reported any same-sex sexual behavior, however, was substantially higher at 14.2 percent, while 16.5 percent of women in this age group reported some degree of same-sex attraction (data not shown).

Among reproductive-aged women in 2006–2010, differences were observed for several health

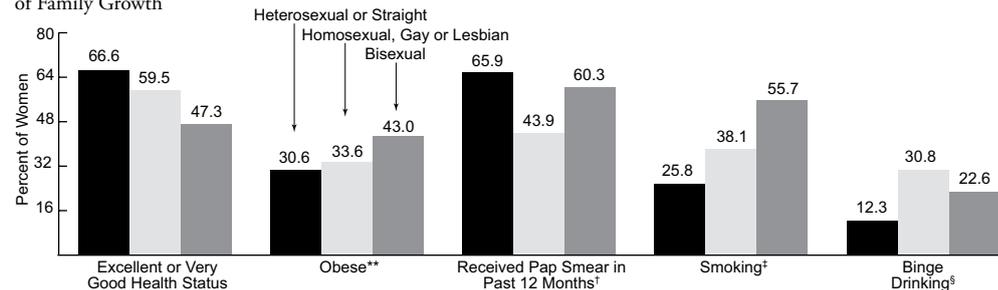
indicators by sexual identity. Bisexual women were less likely than heterosexual women to report being in excellent or very good health (47.3 versus 66.6 percent, respectively) and more likely to be obese (43.0 versus 30.6 percent, respectively); no significant differences were observed between lesbian and heterosexual women for either indicator. Conversely, while 65.9 percent of heterosexual and 60.3 percent of bisexual women received a Pap smear in the past 12 months, only 43.9 percent of lesbians reported receiving this service. Both lesbian and bisexual women, however, were more likely than heterosexual women to report smoking, with over half of bisexual women reporting this health risk behavior (55.7 percent), compared to 38.1 percent of lesbian women and 25.8 percent of heterosexual women.

Similarly, 30.8 percent of lesbians and 22.6 percent of bisexual women reported binge drinking (defined as consuming 5 or more drinks within a couple of hours at least once a month on average during the past year), compared to 12.3 percent of heterosexual women.

A recent report from the Institute of Medicine concluded that to better understand and meet the unique needs of lesbian, gay, bisexual and transgender people, more data are needed in several priority areas: demographics, social influences, health care inequalities, and transgender-specific health needs.⁶⁶ The U.S. Department of Health and Human Services is working to increase the number of federally-funded health and demographic surveys that collect and report data on sexual orientation and gender identity.⁶⁸

Selected Health Indicators Among Women Aged 18–44 Years, by Sexual Identity, 2006–2010*

Source II.13: Centers for Disease Control and Prevention, National Center for Health Statistics, National Survey of Family Growth



*Estimates are age-adjusted. **Based on Body Mass Index (BMI), a number calculated from a person’s weight and height. Obese is defined as a BMI of 30.0 or higher. †Calculated for females aged 20–44 years. ‡Smoked at least one cigarette per day on average in the past year.

§Defined as consuming 5 or more drinks within a couple of hours at least once a month on average in the past year.