PROGRAM BRIEF

Health Care for Minority Women: Recent Findings

The mission of AHRQ is to improve the quality, safety, efficiency, and effectiveness of health care by:

- Using evidence to improve health care.
- Improving health care outcomes through research.
- Transforming research into practice.

Introduction

Life expectancy for women has nearly doubled over the past 100 years, from 48 in 1900 to 79.5 in 2000, yet minority women continue to lag about 5 years behind white women in life expectancy. For example, in the year 2003 white women could expect to live to 80.5 years compared with 76.1 years for black women.

Minority women continue to fare worse than white women in terms of health status, rates of disability, and mortality. For some conditions, the disparities are growing, despite new technologies and other advances that have been made in recent years. For example, about one black woman in four over 55 years of age has diabetes. The prevalence of diabetes is at least two to four times as high among black, Hispanic, American Indian, and Asian Pacific Islander women as it is among white women.

Breast cancer mortality has been declining among U.S. women since 1990, but the decline has been much greater among white women than black women. For example, the 5-year breast cancer survival rate in 2008 was 69 percent for black women, compared with 85 percent for white women.

Although breast cancer death rates are falling, the incidence of new breast cancers continues to rise. Blacks and poor people are much more likely than whites and more affluent people to die from cancer. In addition, high blood pressure, lupus, and HIV/AIDS disproportionately affect women of color.

According to the Centers for Disease Control and Prevention, a patient's self-assessment of health is a reliable indicator of health and well being. When asked about their health status, minorities are more likely than whites to characterize their health status as fair. Nearly 17 percent of Hispanic women and more than 15 percent of black

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women say they are in fair or poor health, compared with 11 percent of white women. Compared with men, women of all races are more likely to be in fair or poor health.

Adequate access to health care services can have a significant effect on health care use and health outcomes. Lack of health insurance is a barrier to receiving services. Compared with white women, black women are twice as likely and Hispanic women are nearly three times as likely to be uninsured. Furthermore, blacks and Hispanics are much more likely than whites to lack a usual source of care and to encounter other difficulties in obtaining needed care.

Improving Health Care for Women of Color

Research on women's health, particularly the health of minority women, is a priority area for the Agency for Healthcare Research and Quality (AHRQ). AHRQ-supported investigators are seeking ways to narrow the gaps and ensure that women of all races receive high-quality health care.

Examples of recent findings (2006-2010) from AHRQ research on health care for minority women are presented here. See page 8 to learn how you can get more information or obtain copies of articles marked with an asterisk (*).

Cardiovascular Disease

- *Female and black stroke patients are less likely than others to receive preventive care for subsequent strokes.*

A third of stroke survivors suffer another stroke within 5 years, but there are several therapies to prevent further strokes in these patients. According to this study of 501 patients hospitalized for stroke, 66 percent of women and 77 percent of blacks received incomplete inpatient evaluations, compared with 54 percent of men and 54 percent of whites. Also, women were more likely than men to receive incomplete discharge regimens (anticoagulants and other stroke prevention medications and outpatient followup). Tuhrim, Cooperman, Rojas, et al., *J Stroke Cerebrovasc Dis* 17(4):226-234, 2008 (AHRQ grant HS10859).

Cancer Screening and Treatment

- *In St. Louis, black women are more likely than white women to receive mammograms.*

St. Louis, MO, is known to have high rates of breast cancer diagnosed at a late-stage, and researchers have been looking at ways to increase mammography use in late-stage diagnosis areas. From March 2004 to June 2006, researchers conducted a survey of women (429 black, 556 white) older than age 40 living in the St. Louis area. Unexpectedly, more black women (75 percent) than white women (68 percent) reported that they had received mammograms. The researchers note that such geographic clustering of late-stage breast cancer diagnosis can be useful in targeting interventions to increase mammography use. Lian, Jeffe, and Schootman, *J Urban Health* 85(5):677-692, 2008 (AHRQ grant HS14095).

- *Poverty may explain racial disparities in receipt of chemotherapy for breast cancer in older women.*

According to this study of nearly 14,500 older women with stage II or IIIA breast cancer with positive lymph nodes, black women were less likely than white women to receive chemotherapy within 6 months of diagnosis (56 percent vs. 66 percent, respectively). When the results were adjusted to include socioeconomic status for women aged 65 to 69, poverty appeared to be at the root of the disparity. Despite Medicare

coverage, out-of-pocket costs—including copayments, transportation, and so on—may be overwhelming for women in the lowest income groups. Bhargava and Du, *Cancer* 115(13):2999-3008, 2009 (AHRQ grant HS16743).

- *Booklet helps women assess their treatment options for early-stage breast cancer.*

Women newly diagnosed with early-stage breast cancer usually can choose between mastectomy and breast-conserving surgery (lumpectomy) followed by radiation. Research has shown that long-term outcomes are similar for both treatments. This booklet provides information to help women work with their providers to choose which type of surgery they will have and, if they choose mastectomy, whether they want to have reconstructive surgery. The booklet was developed collaboratively by the National Cancer Institute and AHRQ. *Surgery Choices for Women with Early-Stage Breast Cancer* (AHRQ Publication No. PHS 04-M053, English; AHRQ 05-0031, Spanish)* (Intramural).

- *Booklet provides helpful information about breast biopsy.*

This guide for women with breast cancer discusses the different kinds of breast biopsies, including their accuracy and side effects. It can help women who need biopsies talk with their doctors and nurses about the procedure and what to expect. *Having a Breast Biopsy: A Guide for Women and Their Families* (AHRQ Publication No. 10-EHC007-A).* See also *Core-Needle Biopsy for Breast Abnormalities: Clinician Guide* (AHRQ Publication No. 10-EHC007-3)* (AHRQ contract 290-02-0019).

- *Guide for women discusses two drugs used to lower the risk of breast cancer.*

Two drugs—tamoxifen and raloxifene—have been approved for the prevention of primary (first occurrence) breast cancer in women who have a higher than average risk of breast cancer. This guide provides information about the drugs' benefits, side effects, and cost. It can help women talk with their doctors to decide whether one of these drugs would be right for them. *Reducing the Risk of Breast Cancer with Medicine: A Guide for Women* (AHRQ Publication No. 09(10)EHC028-A).* See also *Medications to Reduce the Risk of Primary Breast Cancer in Women: Clinician Guide* (AHRQ Publication No. 09(10)-EHC028-3)* (AHRQ contract 290-2007-10057-1).

- *Study finds racial disparities in receipt of chemotherapy after ovarian cancer surgery.*

Researchers examined 11 years of data for 4,264 women aged 65 or older who were diagnosed with stage IC-IV ovarian cancer (cancer in one or both ovaries with early signs of spreading) to determine receipt of chemotherapy, which is recommended following surgery to remove the cancer. They found that just over 50 percent of black women received chemotherapy following surgery, compared with nearly 65 percent of white women. Survival rates did not differ between the two groups of women, but women in the lowest socioeconomic group were more likely to die than those in the highest group. Du, Sun, Milam, et al., *Int J Gynecol Cancer* 18(4):660-669, 2008 (AHRQ grant HS16743).

- *Race, age, and other factors affect degree of pain among women with breast cancer.*

Researchers studied 1,124 women with stage IV breast cancer over the course of a year and found that minority women who had advanced breast cancer suffered more pain than white women. In addition, women who were inactive and younger women also reported more severe pain. Castel, Saville, DePuy, et al., *Cancer* 112(1):162-170, 2008 (AHRQ grant T32 HS00032).

- *Breast screening is less common in counties that have many uninsured women.*

Researchers used data from two large surveillance systems to determine whether screening for breast cancer varied by the proportion of uninsured women in the community. The data showed that as the rate of uninsurance in a community increased by 5 percent, women were 5 percent less likely to receive either clinical breast exams or mammograms. Breast cancer screening declined significantly for women earning $25,000 to $75,000 who lived in counties with high rates of uninsurance. On the other hand, black women and Hispanic women had higher screening rates than white women when they lived in communities with low rates of uninsurance. Schootman, Walker, Jeffe, et al., *Am J Prevent Med* 33(5):379-386, 2007 (AHRQ grant HS14095).

- *Requirement for cost-sharing reduces use of mammography among some groups of women.*

Researchers examined data on mammography use and cost-sharing from 2002 to 2004 for more than 365,000 women covered by Medicare. Of the 174 Medicare health plans studied, just 3 required copayments of $10 or more or coinsurance of more than 20 percent in 2001; by 2004, 21 plans required cost-sharing of one form or another. The increase in coinsurance

requirements correlated with a decrease in screening mammograms. Less than 70 percent of women in cost-sharing plans were screened, compared with nearly 80 percent of fully covered women. Although every demographic group was affected, black women and women with lower incomes and educations levels often were covered by plans that required cost-sharing. Trivedi, Rakowski, and Ayanian, *N Engl J Med* 358(4):375-383, 2008 (AHRQ grant T32 HS00020).

- *Poor communication of mammogram results may explain disparities in breast cancer diagnosis and outcomes.*

Researchers surveyed 411 black and 734 white women who had screening mammograms at five hospital-based facilities in Connecticut between 1996 and 1998 and found no difference between the two groups of women in the proportion of abnormal screening mammograms. However, communication of mammogram results was problematic for 14.5 percent of the women; 12.5 percent had not received their results, and 2 percent had received their results but their self-report differed from the radiology record. Inadequate communication of mammogram results was nearly twice as common among black women as among white women. Jones, Reams, Calvocoressi, et al., *Am J Public Health* 97(3):531-538, 2007 (AHRQ grant HS11603). See also Dailey, Kasl, Holford, and Jones, *Am J Epidemiol* 165(11):1287-1295, 2007 (AHRQ grant HS15686).

- *Physician communication style may depend on characteristics of breast cancer patients.*

According to this study, oncologists tend to communicate differently with women newly diagnosed with breast cancer, depending on their age, race, education, and income. A series of videotaped visits between 58 oncologists with 405 women revealed that the physicians spent more time engaged in building relationships with white women than with women of other races; the same was true of visits with more educated and affluent patients compared with less advantaged patients. The women who asked more questions tended to be younger, white, better educated (beyond high school), and more affluent than other patients. Siminoff, Graham, and Gordon, *Patient Educ Counsel* 62:355-360, 2006 (AHRQ grant HS08516).

- *Less access to effective treatment may explain poorer survival of elderly black women with ovarian cancer.*

Researchers studied 5,131 elderly women diagnosed with ovarian cancer between 1992 and 1999 with up to 11 years of followup. Overall, 72 percent of white women and 70 percent of black women were diagnosed with stage III or IV (advanced) disease. Among those with stage IV disease, those who underwent ovarian surgery and received adjuvant chemotherapy were 50 percent less likely to die during the followup period compared with those who did not, regardless of race. However, fewer blacks received chemotherapy than whites (50 vs. 65 percent, respectively). Du, Sun, Milam, et al., *Int J Gynecol Cancer* 18:660-669, 2008 (AHRQ grant HS16743).

- *Women's perception of risk affects screening for colon cancer but not cervical or breast cancer.*

Researchers interviewed 1,160 white, black, Hispanic, and Asian women (aged 50 to 80) about their perceived risk for breast, cervical, and colon cancer and compared their perceived risk with their screening behavior. The women's perceived lifetime risk of cancer varied by ethnicity, with Asian women generally perceiving the lowest risk and Hispanic women the highest risk for all three types of cancer. Nearly 90 percent of women reported having a mammogram, and about 70 percent of the women reported having a Pap test in the previous 2 years; 70 percent of the women were current with colon cancer screening. There was no relationship between screening and perception of risk for cervical or breast cancer; however, a moderate to very high perception for colon cancer risk was associated with nearly three times higher odds of having undergone colonoscopy within the last 10 years. Kim, Perez-Stable, Wong, et al., *Arch Int Med* 168(7):728-734, 2008 (AHRQ grant HS10856).

Chronic Illness/Mental Health

- *Dysthymia may be a barrier to use of recommended HIV medications by women.*

Dysthymia—a chronic, low-level daily depression that lasts at least 2 years—is prevalent among women and minorities with HIV and may be a barrier to their use of highly active antiretroviral therapy (HAART). The feelings of hopelessness, indecision, and mental inflexibility that commonly occur in people with dysthymia could reduce the likelihood that they would be offered or accept HAART, according to this study. Researchers analyzed 1997 data on 1,982 adults with HIV; white men were the most likely to receive HAART (69 percent), while Hispanic women (53 percent) and black women (55 percent) were the least likely to receive this life-saving therapy. Turner and Fleishman, *J Gen Int Med* 21:1235-1241, 2006 (AHRQ Publication No. 07-R021)* (Intramural).

- *Nearly half of homeless women are in need of mental health services.*

Researchers conducted face-to-face interviews with 821 homeless women in the Los Angeles area, and found that nearly half of the women had a mental distress score indicating the need for further evaluation and possible clinical intervention. Sixty-seven percent of the women were black, 17 percent were Hispanic, and 16 percent were white. Black women reported the lowest overall

mental distress scores; nearly twice as many white women as Hispanic or black women reported childhood or recent physical or sexual assault. Austin, Andersen, and Gelberg, *Women's Health Issues* 18:26-34, 2008 (AHRQ grant HS08323).

- *Certain aspects of medical care are critically important to female Somali refugees newly arrived in the United States.*

In-depth interviews with resettled Somali women in Rochester, NY, revealed differences in spoken language, degree of acculturation, and literacy. They described the elements of U.S. primary care most important to them, including ease of accessing the health care system, availability of interpreters, a trusting relationship with clinicians, and the availability of female clinicians, especially for gynecologic exams. Carroll, Epstein, Fiscella, et al., *Patient Educ Counsel* 66:337-345, 2007 (AHRQ grant HS14105).

Health Care Access and Costs

- *Requirement for cost-sharing reduces use of mammography among some groups of women.*

Researchers examined data on mammography use and cost-sharing from 2002 to 2004 for more than 365,000 women covered by Medicare. Of the 174 Medicare health plans studied, just 3 required copayments of $10 or more or coinsurance of more than 20 percent in 2001; by 2004, 21 plans required cost-sharing of one form or another. The increase in coinsurance requirements correlated with a decrease in screening mammograms. Less than 70 percent of women in cost-sharing plans were screened, compared with nearly 80 percent of fully covered women. Although every demographic group was affected, black women and women with lower incomes and educations levels often were covered by plans that required cost-sharing. Trivedi, Rakowski, and Ayanian, *N Engl J Med* 358(4):375-383, 2008 (AHRQ grant T32 HS00020).

- *Women who receive food stamps spend more on health care and are more likely to be overweight or obese.*

Researchers analyzed State-level data on food stamp program (FSP) characteristics and Medical Expenditure Panel Survey data to estimate the link between FSP participation and weight and health care expenditures of nonelderly adults. They found that women who receive food stamps are nearly 6 percent less likely to be normal weight and nearly 7 percent more likely to be obese as women who do not receive food stamps. Also, participation in the FSP leads women to devote $94 extra per year to health care. Meyerhoefer and Pylypchuk, *Am J Agric Econ* 90(2):287-305, 2008 (AHRQ Publication No. 08-R072)* (Intramural).

- *Clinic- and community-based strategies can promote use of preventive care by Latinas.*

This study found that using promotoras—lay health advisors recruited from the community—and professional interpreters could increase the use of preventive services among Hispanic women and their children. Other strategies for promoting preventive care among Latinas included tagging the charts of at-risk patients, using videos for in-clinic education, and asking patients for updated contact information at each clinic visit to facilitate recall/reminder interventions. Wasserman, Bender, and Lee, *Med Care Res Rev* 64(1):4-45, 2007 (AHRQ grant HS13864).

- *Having a chronic disease like diabetes may be a barrier to receipt of recommended preventive care among women.*

Researchers used data from three nationally representative surveys to examine the quality of care received by women with diabetes and the impact of socioeconomic factors on receipt of clinical preventive services and screening for diabetes-related conditions. They found that use of diabetes-specific preventive care among women is low, and that women aged 45 and younger and those with low educational levels were the least likely to receive recommended services. Also, women with diabetes were less likely than other women to receive a Pap smear, and those who were poor and minority were less likely than more affluent and white women to receive the pneumonia vaccine. Owens, Beckles, Ho, et al., *J Women's Health* 17(9):1415-1423, 2008 (AHRQ Publication No. 09-R018)* (Intramural).

Health Care Quality and Safety

- *Quality of health care varies for older women and women of different races.*

Women make up more than half (60 percent) of the Medicare population, and they depend on the program for an average of 15 years compared with 7 years for men. This study examined quality of care for older women compared with older men. It shows that older white women tend to receive better quality of care than their Hispanic and black counterparts, and more educated women often receive better quality of care than less-educated women. Also, older women are much less likely than older men to receive a number of preventive tests, have their blood pressured under control, or receive aspirin or a beta-blocker upon hospital admission or discharge for heart attack. Results are mixed for diabetes care and vaccinations for flu and pneumonia. Kosiak, Sangl, and Correa-de-Araujo, *Women's Health Issues* 16(2):89-99, 2006 (AHRQ Publication No. 06-R046)* (Intramural).

Health Impact of Violence Against Women

- *Hispanic women who are abused while pregnant report high levels of stress.*

Researchers surveyed 210 pregnant Latinas in Los Angeles in 2003-2004 to assess intimate partner violence, adverse social behavior, post-traumatic stress disorder (PTSD), depression, and other life situations. Nearly half (44 percent) of the women reported abuse and high levels of social undermining by their partners (criticism, anger, insults) and stress. Women who were abused were more likely to be depressed (41.3 percent) or to have PTSD (16.3 percent) compared with women who were not abused (18.6 percent and 7.6 percent, respectively). Rodriguez, Heilemann, Fielder, et al., *Ann Fam Med* 6(1):44-52, 2008 (AHRQ grant HS11104).

- *Location of shelters may increase risk of violence against homeless women.*

Researchers interviewed 974 homeless women who visited 64 shelters and 38 meal programs serving homeless women in eight regions of Los Angeles county and screened them for substance abuse, mental illness, and history of childhood physical and sexual abuse. Results showed that homeless women living in or near skid row (crime ridden and dilapidated neighborhoods) were nearly twice as likely to be physically assaulted as homeless women in other areas of the city. The researchers conclude that seeking safer locations for shelters and other assistance programs could reduce violence against homeless women. Heslin, Robinson, Baker, and Gelberg, *J Health Care Poor Underserved* 18:203-218, 2007 (AHRQ grant HS08323).

Reproductive Health

- *Several factors affect women's perceived risk of prenatal diagnostic screening procedures.*

Invasive prenatal diagnostic tests—such as chorionic villus sampling and amniocentesis—are used to detect Down syndrome and other fetal chromosomal abnormalities, and they entail some risk, principally to the fetus. According to this study, women's perceived risk of adverse procedure-related outcomes varies based on factors that have little to do with risk. For example, among women younger than age 35, the perceived risk of carrying a fetus with Down syndrome was higher in women who had not attended college or had poor health status. Hispanic women, women with incomes less than $35,000, and those who had difficulty conceiving perceived a higher procedure-related risk of miscarriage. Caughey, Washington, and Kuppermann, *Am J Obstet Gynecol* 198:333.e1-333.e8, 2008 (AHRQ grant HS07373).

- *Race and ethnicity appear not to have an effect on c-section delivery outcomes.*

The researchers tested two risk-adjustment models for primary c-section rates to determine whether adding race and ethnicity to an otherwise identical model would improve the predictive impact of the model. They found that the two models did not differ substantially in predictive discrimination or in model calibration. They conclude that race and ethnicity can safely be left out of cesarean rate risk-adjustment models. Bailit and Love, *Am J Obstet Gynecol* 69:e1-e5, 2008 (AHRQ grant HS14352).

- *Race, education, income, and social status all interact to affect the health of pregnant women.*

Researchers studied 1,802 ethnically diverse women receiving prenatal care at one of six San Francisco area delivery sites; the women were generally healthy and had low depression scores. Differences by race/ethnicity were pronounced, with whites and Asians doing better on all measures. More black and Hispanic women were in the lower social and economic strata than white and Asian women, and they reported worse physical functioning. Subjective social standing was more highly correlated with education and income in whites and Asians than in Hispanic and black women. Stewart, Dean, Gregorich, et al., *J Health Psychol* 12(2):285-300, 2007 (AHRQ grant HS10856).

- *One-third of homeless women are at risk for unintended pregnancy.*

This survey of 974 homeless women in Los Angeles County in 1997 showed that one-third of the women rarely or never used contraception. Women who had a partner, were monogamous, and did not engage in the sex trade were 2.4 times as likely as other women to not use or rarely use contraception. Having a regular source of care and having been encouraged to use contraception increased the likelihood of contraception use. Gelberg, Lu, Leake, et al., *Matern Child Health* 12:52-60, 2008 (AHRQ grant HS08323).

- *Among disadvantaged minority women, Hispanics have better birth outcomes than blacks.*

Researchers analyzed the pregnancy outcomes of 10,755 Medicaid-insured women who gave birth at one North Carolina medical center between 1994 and 2004. They found that black women were younger than the other women and were more likely to have another medical condition while pregnant, to remain in the hospital for more than 4 days, to have a preterm birth or small-for-gestational-age infant, to have preeclampsia, and to have a stillbirth. Birth outcomes for Hispanic women were similar to or better than those for white women. For example, Hispanic women were 34 percent less likely than other women to have a

preterm birth. Brown, Chireau, Jallah, and Howard, *Am J Obstet Gynecol* 197:e1-e9, 2007 (AHRQ grant HS13353).

- *Pregnant minority women with asthma are at increased risk for poor outcomes.*

Among pregnant women with asthma, this study found that minority women have significantly higher rates of preterm labor, gestational diabetes, and infection of the amniotic cavity than white women. Black women were the youngest (age 24) and had the highest incidence of preterm labor (5.5 percent) and pregnancy-induced hypertension (5 percent). Asian women had the highest occurrence of gestational diabetes (7.2 percent) and were more than three times as likely as white women to have infection of the amniotic cavity (5.7 vs. 1.8 percent, respectively). Black and Hispanic women also had more infections of the amniotic cavity (3.1 and 2.7 percent, respectively) than white women. Findings are based on examination of 11 adverse outcomes across four ethnic groups of 13,900 pregnant women with asthma who gave birth in 1998 and 1999. MacMullen, Tymkow, and Shen, *Am J Matern Child Nurs* 31(4):263-268, 2006 (AHRQ grant HS13506).

- *Majority of low-income black women are unhappy with their body size 6 months after giving birth.*

Body image dissatisfaction is associated with negative self-esteem and depression, and all three can be intensified during the postpartum period. Black mothers are twice as likely to suffer from postpartum depression as white mothers, according to this study. The researchers examined body perceptions among black women at four inner city clinics at 2 and 6 months postpartum. At 6 months postpartum, 79 percent of the women felt they did not meet what they considered to be a healthy size for women their age; 20 percent of the women thought they were too small and wanted to gain weight. Boyington, Johnson, and Carter-Edwards, *J Obstet Gynecol Neonatal Nurs* 36(2):144-151, 2007 (AHRQ grant HS13353).

- *Postpartum discharge against medical advice usually signals serious financial or mental health issues.*

Researchers used hospital discharge data for women who gave birth in California, Florida, and New York during the period 1998-2000 to examine factors associated with discharge against medical advice, which averaged 0.10 percent. Women who were more likely to leave the hospital against medical advice were black; had low income, no insurance or public health insurance, and greater medical problems (e.g., drug abuse, mental illness); lived in medium or large metropolitan areas; and were discharged from hospitals in California or New York (compared with Florida). Fiscella, Meldrum, and Franks, *Matern Child Health J* 11:431-436, 2007 (AHRQ grant HS10910).

Data Sources for Gender Research

Medical Expenditure Panel Survey

In 1996, AHRQ launched the Medical Expenditure Panel Survey (MEPS), a nationally representative survey to collect detailed information on health status, health care use and expenses, and health insurance coverage for individuals and families in the United States, including nursing home residents. MEPS is helping the Agency to address many questions important to women, including how health insurance coverage, access to care, use of preventive care, the growth of managed care, changes in private health insurance, and other changes in the health care system are affecting the kinds, amounts, and costs of health care services used by women. For more information related to MEPS, go to www.meps.ahrq.gov.

Healthcare Cost and Utilization Project

The Healthcare Cost and Utilization Project (HCUP) is a family of health care databases and related software tools and products sponsored by AHRQ and developed through a Federal-State-industry partnership. HCUP databases bring together the data collection efforts of State data organizations, hospital associations, private data organizations, and the Federal government to create a national information resource of patient-level health care data. HCUP includes the largest collection of longitudinal hospital care data in the United States, with all-payer, encounter-level information beginning in 1988. These databases enable research on a broad range of health policy issues, including cost and quality of health services, medical practice patterns, access to health care programs, and outcomes of treatments at the national, State, and local market levels. HCUP comprises the following databases:

- Nationwide Inpatient Sample (NIS), with inpatient data from a national sample of over 1,000 hospitals.
- Kids' Inpatient Database (KID), a nationwide sample of pediatric inpatient discharges.
- State Inpatient Databases (SID), which contain the universe of inpatient discharge abstracts from participating States.
- State Ambulatory Surgery Databases (SASD), which contain data from ambulatory care encounters from hospital-affiliated and sometimes freestanding ambulatory surgery sites.
- State Emergency Department Databases (SEDD), which contain data from hospital-affiliated emergency departments for visits that do not result in hospitalizations.

HIVnet

HIVnet is a tool that provides information on inpatient and outpatient care use by individuals with HIV disease. This information is valuable for service providers, program planners, policymakers, and health services researchers. HIVnet is focused on health services delivery. HIVnet provides easy access to selected statistics on patterns of HIV-related care. These statistics are based on data collected by the HIV Research Network (HIVRN).

More Information

For more information on AHRQ initiatives related to women's health, please contact:

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