

UTERINE HEALTH DISPARITIES: PREVALENCE AND IMPACT ACROSS THE UNITED STATES

→ In the United States, abnormal uterine bleeding affects about **1.4 million women** each year.

→ Uterine health research is consistently underfunded by the National Institutes of Health, ranking in the **bottom 50 of over 200** funded conditions.



Uterine conditions greatly affect the health and quality of life of millions of women in America.

Uterine health refers to a woman's experience with the multiple functions of the uterus, including menstruation, implantation, gestation, labor, and the general structural integrity of the female reproductive tract. Many uterine health conditions are often characterized by irregular periods, excessive bleeding, pelvic and lower back pain, or difficulty with urination and pregnancy. They may impact reproductive health and fertility treatments.

Examples of conditions that affect uterine health and/or function include:

- Abnormal Uterine Bleeding
- Adenomyosis
- Endometriosis
- Gynecologic Cancers (cervical, endometrial, ovarian, uterine)
- Heavy Menstrual Bleeding
- Infertility
- Polycystic Ovary Syndrome (PCOS)
- Uterine Fibroids
- Uterine Polyps

CULTURAL DIFFERENCES

Evidence suggests that incidence, severity of symptoms, and adverse outcomes for uterine conditions are higher among women in rural areas than in urban areas.

Research has shown significant differences in uterine disease prevalence, symptom severity, treatment, and outcomes among women of different racial and ethnic groups. African American women with uterine diseases tend to experience worse clinical outcomes than their white counterparts. The lack of comprehensive data on uterine health conditions has resulted in limited understanding about how these conditions impact women from underrepresented groups, particularly Hispanic and Asian populations.

The inequities in research investment and in care for populations of women result in barriers to comprehensive care.

The complexity of disparities within uterine health extends beyond genetic, racial, and ethnic factors and individual behaviors, to social determinants of health, such as neighborhoods, social context, and economic stability. Disparities in diagnosis and treatment persist, and result in high rates of adverse outcomes, such as unnecessary surgeries and infertility for women living with uterine conditions. More sustained, prioritized, and inclusive research is needed to better understand the how social

WOMEN'S HEALTH EQUITY INITIATIVE

determinants of health impact various groups of women living with uterine conditions in the United States.

Disparities are most documented for uterine fibroids and endometriosis — two common uterine health conditions.

Uterine Fibroids

Uterine Fibroids are typically benign (non-cancerous) smooth muscle tumors that develop inside the uterus.

- About **70%** of white women and **80%** of Black women will have uterine fibroids by the age of 50.
- Black women tend to develop fibroids at a younger age, have larger fibroids, and have fewer days between periods.
- **Forty-two per 1,000 women** are hospitalized annually because of fibroids, but African American women have higher rates of hospitalization, myomectomies (surgical removal of fibroids), and hysterectomies (surgical removal of the uterus) compared with white women.
- Fibroid symptoms are often treated through medications. Historically, the only treatment for fibroid disease itself is through surgery, via hysterectomy or myomectomy, but there are minimally invasive treatments available that better preserve fertility.
- African American women are **2x** as likely to have hysterectomies for benign conditions despite the available options for minimally invasive treatments.

Endometriosis

Endometriosis is a condition in which endometrial tissue grows outside the uterus.

- An estimated **6.5 million** women in the United States, and **200 million** women worldwide, have endometriosis.
- Although it can occur as early as age 11, endometriosis is most often diagnosed in women in their 30s and 40s.
- While hormone therapy, pain medications, and surgical intervention can provide some pain relief, there is no known cure for endometriosis and these treatments do not always have a long-term impact on the disease itself.
- Early research suggested that endometriosis was a disease that primarily impacted white women, thus exacerbating disparity in care for women of color who have the disease.

Common Uterine Disease Risk Factors

- Age
- Race
- Obesity
- Family history
- High blood pressure
- No history of pregnancy
- Environmental toxicants
- Vitamin D deficiency*
- Food additive consumption*

Barriers to Care/Access

- Bias
- Delay in diagnosis journey
- Health literacy and education on treatments
- Lack of awareness and communities of support for women
- Lack of research investment
- Limited clinical education and specialized gynecologic surgeons
- Limited treatment options
- Stigma around menstrual and gynecologic health
- Treatment costs and insurance limitations



Economic Impact

Estimates show that uterine fibroids and endometriosis alone account for billions of dollars in health care costs annually. The estimated annual health care cost due to fibroids is **\$34.4 billion**, and fibroids patients may spend up to **\$25,023** out of pocket per year after diagnosis and surgery. However, these costs may be underestimates and do not encompass all uterine health conditions.

* Specific to uterine fibroids

HEALTH EQUITY ROADMAP

The Society for Women's Health Research (SWHR) Women's Health Equity Initiative road map features U.S. data on the disproportionate impact of several conditions on women's health based on race and ethnicity, geography, age, and role as a caregiver. SWHR plans to include additional disease states, life stages, and issues in this map in the future. Download the fact sheets for more information:

www.swhr.org/healthequity



**WOMEN'S HEALTH
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