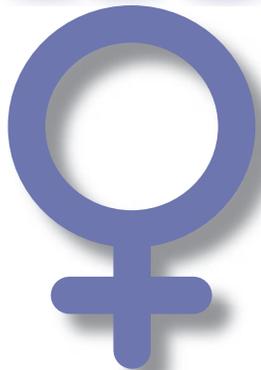


Women's Health

Update



Summer 2007

Bureau of Health Promotion and Risk Reduction, Ohio Department of Health

Update Focus: Women and Health Care

Letter from Debra Seltzer

Access to health care has been and will continue to be a significant topic of our local, state and national policy agendas, and it is an issue that disproportionately affects women for a variety of reasons that are discussed throughout this newsletter. We are extremely fortunate to have a new office in state government, the Governor's Office for Women's Initiatives and Outreach, staffed by Director Hollie Hinton. Hinton's work will include, on an interdepartmental basis, addressing policy issues related to women and girls such as education, economics, health and personal safety. She will be seeking input from women and girls around Ohio with regard to these important topics. She can be reached by telephone at (614) 728-6716 or by e-mail at Hollie.Hinton@odh.ohio.gov.

Our unit at the Ohio Department of Health has expanded, with the new title of Violence and Injury Prevention Program (VIPP). Women's health, rape prevention and injury prevention are work areas within the larger program. We have been joined by new Injury Prevention Program Administrator Christy Beeghly and four other staff members who work in a variety of ways with injury prevention. The biggest overlap to our previous work is within the area of intentional injury, which includes bullying and suicide prevention. We welcome the opportunity to work more closely with this similar program.

Debra Seltzer
Administrator
VIPP

Friday, September 7, 2007

The 2007 Women's Health Month Kickoff event will be held at the Center for Workforce Development, Columbus State Community College from 8:30 a.m. to noon. Bill Hayes, president of The Health Policy Institute will address "Health Care Issues for Women in Ohio." Judi Moseley will take a look back at "Women's Health Issues in Ohio." Hollie Hinton, director of the Governor's Office on Women's Initiatives and Outreach, will take a look forward at "Emerging Issues in Women's Health." Sponsored by: Ohio Department of Health and the Multicultural Center at The Ohio State University. Information: (800) 282-2040 toll-free or (614) 466-2144.

WOMEN AND HEALTH CARE: A NATIONAL PROFILE – JULY 2005

Excerpted from the report of the second national survey of women by the Kaiser Family Foundation. Full text of the report can be viewed at <http://www.kff.org/womenshealth/7336.cfm>.

Report Highlights

Over the past few decades, considerable progress has been made in improving women's health and in understanding women's unique roles in the health care system. The importance of health care cuts across all aspects of women's lives. Without good access to health care, women's ability to be productive members of their communities, to care for themselves and their families and to contribute to the work force is jeopardized. As health care has moved to the forefront of the public policy arena, women are increasingly recognizing that they have much at stake in national health policy debates. To better understand how women are faring in the health



care system, particularly groups of women who have historically experienced barriers to care, the Kaiser Family Foundation conducted its first survey of women and their health in 2001. This survey was expanded and repeated in 2004 to delve deeper into women's experiences and further explore some of the challenges they face in their interactions with the health care system. The sample of the survey was also expanded to include women 65 and older, a vital and growing segment of the population in the United States. The findings presented in this report are based on a nationally representative sample of 2,766 women ages 18 and older interviewed by telephone in



the summer and fall of 2004. A shorter survey of 507 men was conducted for comparative purposes.

The 2004 Kaiser Women's Health Survey provides the latest data on major areas of women's health policy including women's demographics, health status, insurance coverage, access to care, health care costs, relationships with providers and family health issues. Across all of these areas, several key findings have emerged:

Women's health needs and health care utilization patterns change and evolve as they age.

Health coverage – public or private – matters for women, yet it does not guarantee access to care.

Certain populations of women experience higher rates of health problems and report more barriers in accessing health care.

Women who are sick face more obstacles in obtaining health care.

Doctor-patient counseling about health risks and health-promoting behaviors is lagging.

Screening test rates for mammograms, Pap smears and blood pressure have fallen slightly since 2001.

Women are the health care leaders for their families.

The findings of the 2004 Kaiser Women's Health Survey underscore the high stakes for women in the health care system and reveal some of the system's gaps in meeting women's health needs. One in six non-elderly women is uninsured and faces considerable obstacles in gaining access to health care. The impact of out-of-pocket costs also poses a growing barrier to primary and specialty care for most uninsured women, and one in six women *with* coverage. Furthermore, despite the renewed interest in prevention, the health care system still falls short in providing women with information and care. There appear to be limited conversations with providers about important health behaviors, and many women also do not receive recommended screening tests, which can be critical for early detection and prevention of future disease.

Access to health care is a linchpin for women's economic and health security and family well-being. As policymakers, providers, patients, advocates and researchers develop strategies to strengthen the health care

system, it is critical they recognize women's central role in the system and how much is at stake for women as a consequence of their decisions.

Conclusion

The findings of the 2004 Kaiser Women's Health Survey speak to both the strengths and weaknesses of the health system in meeting women's health needs. Most women are in good health, have insurance coverage and access to health care services. However, a substantial minority of women cannot gain access to health care services because they are either uninsured or unable to keep up with the increasing costs of health services. In other cases, their poor health makes managing their treatment and addressing basic needs a difficult balancing act. For increasing shares of women, barriers to care attributable to cost are a growing problem.

WOMEN'S HEALTH CARE IN THE UNITED STATES

Excerpted from the 2004 *National Healthcare Quality Report (NHQR)* and *National Healthcare Disparities Report (NHDR)* -- annual reports prepared by the Agency for Healthcare Research and Quality (AHRQ), U.S. Department of Health

and Human Services. Full text of the report can be viewed at: <http://www.ahrq.gov/QUAL/nhqrwomen/nhqrwomen.htm>. Further information on AHRQ's programs and other activities in women's health are available on the AHRQ Web site: <http://www.ahrq.gov>.

Women and Health

Females in the United States number 140 million, comprising more than half of the total population. In addition:

- Nearly 30 percent of females are racial/ethnic minorities.
- Black women have higher death rates than whites due to heart disease, cancer and stroke. Hispanic, Asian and Pacific Islander (API) and American Indian and Alaska Native (AI/AN) women have lower death rates due to these conditions.
- Black and Hispanic women are more likely to report they are in fair or poor overall health or they have diabetes.
- Poverty disproportionately affects women. Nearly 13 million women live in households with incomes below the federal poverty level.
- Women are more likely than men to report having arthritis, asthma, autoimmune diseases and depression.
- Poor or near-poor women are more likely than high-income women to report fair or poor overall health and limitations of activity; they are also more likely to report having anxiety or depression, arthritis, asthma, diabetes, hypertension, obesity and osteoporosis.

Purpose of this fact sheet

This fact sheet builds upon the NHQR and NHDR's analyses for women by examining for selected measures:

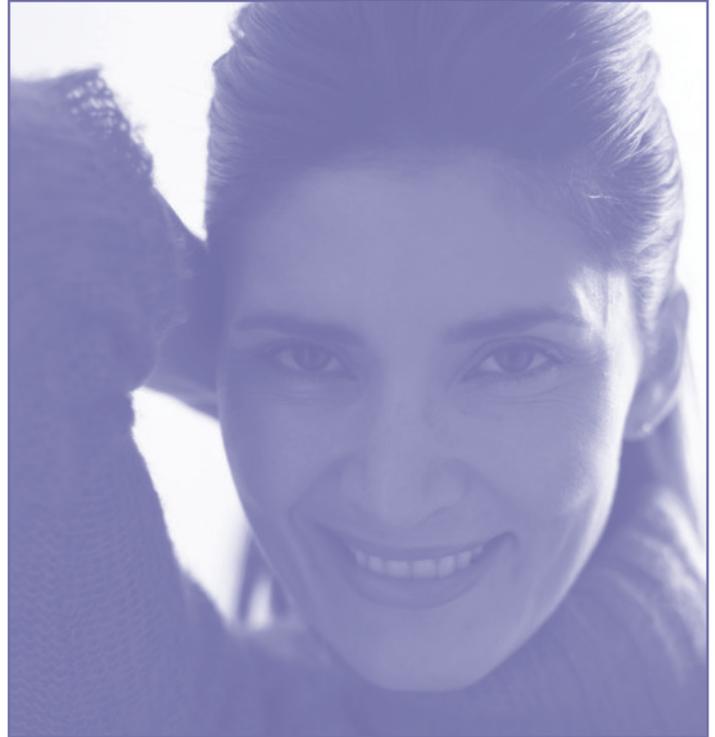
- Disparities in care among women by race, ethnicity and socioeconomic status (SES), as measured by income and education.
- Disparities in health care for women compared with men.
- Trends and State variation in women's health care over time.

Types of disparities in women's health care

Disparities discussed below are presented in two major areas, (1) gender and (2) race/ethnicity and SES, as measured by income and education:

Gender disparities. Significant gaps exist between the care received by men and women in the United States. Across measures in the 2004 NHQR with data by gender:

- Women receive better care than men for 18 percent of measures, worse care for 22 percent and comparable care for 59 percent.
- Women tend to receive better preventive care for cancer and cardiovascular disease than men, while men tend to receive better treatment for end stage renal disease and heart disease.



Racial/ethnic and socioeconomic disparities. In addition to gender disparities observed among women, racial/ethnic and socioeconomic disparities are also evident. Of measures with data for women in the 2004 NHDR:

- Black women receive poorer quality care than whites for 53 percent of measures and have worse access to care for 29 percent.
- Hispanic women receive poorer quality care than non-Hispanic whites for 60 percent of measures and have poorer access for 87 percent.
- For services unique to women, blacks and Hispanics both receive poorer quality care for 75 percent of measures.

Trends in care over time

Overall Quality of Care for Women. The overall quality of health care for women in the United States is improving slowly. From the 2003 NHQR to the 2004 NHQR:

- Of measures with trend data for women, 59 percent showed improvement, with a median change of 1.4 percent, comparable to change observed in the general population.
- For services unique to women, 60 percent of measures improved. Although these improvements are modest, they also show improvement is possible.

Trends and Variation in Quality and Access. This section presents trend data for women on one quality measure -- early prenatal care, including state variation in care, and one access measure -- insurance coverage:



Early prenatal care. Childbirth and reproductive care are the most common reasons for women of childbearing age to use health care. With more than 11,000 births each day in the United States, childbirth is the most common reason for hospital admission. Comprehensive prenatal care may prevent complications of pregnancy which can have lifetime effects, and reduce preterm labor and neonatal mortality. Initiating prenatal care in the first trimester is an effective way to promote good health for both mother and child.

Insurance coverage. Many women face barriers, including lack of health insurance, that make the acquisition of basic health care services difficult. In 2003, 15.6 percent of Americans were uninsured. The uninsured report more problems getting care and get less therapeutic care. They are diagnosed at later disease stages, sicker when hospitalized and more likely to die early.

Looking Toward the Future

Two of the major activities currently underway at AHRQ to address women's health care needs are briefly described below:

Database Development

To expand understanding of the safety and quality of women's health care, AHRQ is currently launching a collaborative effort to develop a comprehensive database of safety and quality measures for obstetric and neonatal health care. This database will aim to clarify what is known about obstetric/neonatal health care safety and quality and pave the way to filling gaps in knowledge.

NHQR/NHDR Women's Supplement

AHRQ's *National Healthcare Disparities Report* includes a section dedicated to analyzing the state of women's health care. In addition, AHRQ is in the planning stage of developing a supplemental report that will include comprehensive analyses of women's health care. The purpose of this exhaustive examination, now in progress, is to facilitate the implementation of quality improvement efforts that target interventions for

those populations and areas in women's health where there are opportunities for improvement.

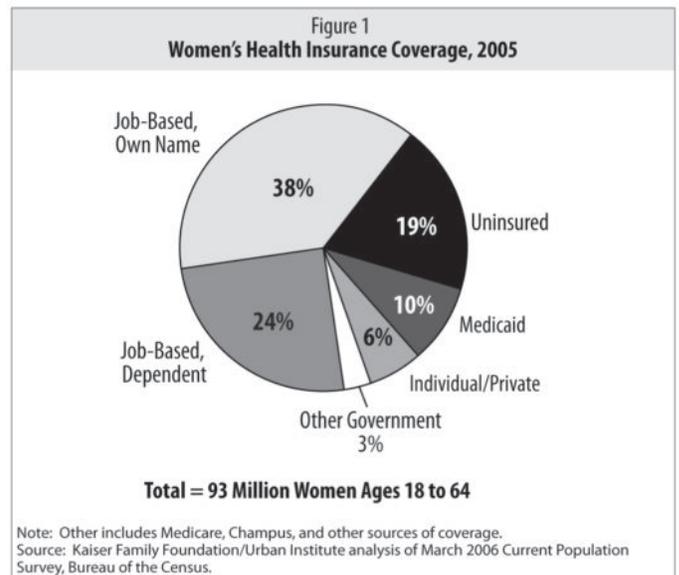
WOMEN'S HEALTH INSURANCE COVERAGE

Excerpted from "Women's Health Insurance Coverage: Updated Fact Sheet 2007," The Henry J. Kaiser Family Foundation, February 2007. Copies of the entire publication (#6000-05) are available at: <http://www.kff.org/womenshealth/6000.cfm>.

Health insurance coverage is a critical factor in making health care accessible to women. Women with health coverage are more likely to obtain needed preventive, primary and specialty care services, and have better access to many of the new advances in women's health. The patchwork of different private-sector and publicly funded programs in the United States leaves nearly one in every five non-elderly women uninsured.

Sources of Health Insurance Coverage

Employer-sponsored insurance provides coverage to almost two-thirds of women between the ages of 18 and 64 (Figure 1). Although women and men have similar rates of job-based coverage overall, women are less likely to be insured through their own job (38 percent vs. 50 percent, respectively) and more likely to have dependent coverage (24 percent vs. 13 percent).



Medicaid, the health program for the poor, covers 10 percent of non-elderly women. Typically, only very low-income mothers, pregnant women and certain women with disabilities qualify.

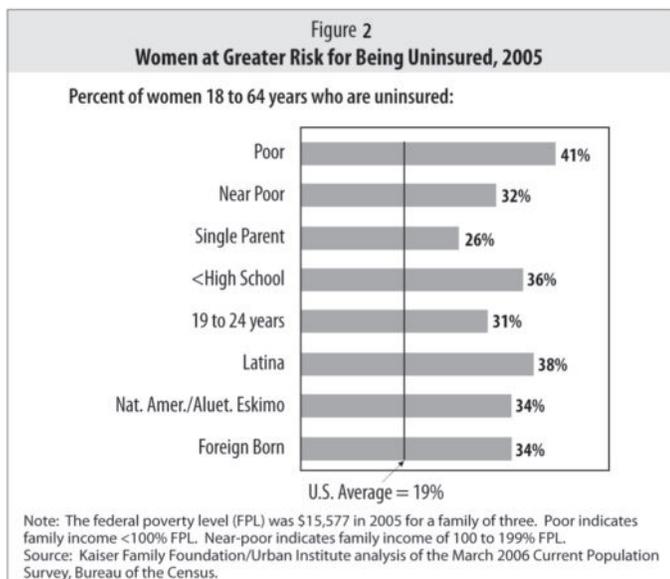
Individually purchased insurance is used by just 6 percent of women. This type of insurance can be costly and often provides more limited benefits than job-based coverage, and can leave women more exposed to health care costs.

Other government health insurance covers a small fraction (3 percent) of women under age 65 because coverage is limited to women who either have a disability (Medicare) or are the spouses or dependents of those in the military (CHAMPUS, TRICARE). Medicare is the primary form of coverage for those 65 and older and many women with long-term disabilities.

Uninsured women account for 19 percent of the non-elderly population of women. Most of these women do not qualify for Medicaid, do not have access to employer-sponsored plans or cannot afford individual policies.

Uninsured Women

More than 17 million women are uninsured. When women are uninsured, they are more likely to postpone care and to forgo filling prescriptions than their insured counterparts and often delay or go without important preventive care such as mammograms and Pap tests. These individuals lack adequate access to care, get a lower standard of care when they are in the health system and have poorer health outcomes. An Institute of Medicine report estimates 18,000 people die unnecessarily each year because they are uninsured.



- Women who are younger and low-income are particularly at risk for being uninsured, as are women of color, especially Latinas (Figure 2).
- Nearly eight out of 10 (79 percent) uninsured women are in families with at least one part-time or full-time worker. Almost two-thirds of uninsured women (64 percent) are in families with at least one adult working fulltime. Just 21 percent of uninsured women are in families without workers.

Outlook for the Future

Addressing Affordability. The steady growth in health costs has had a disproportionate effect on women because of their lower incomes and greater need for health care services throughout their lives. While growth in health care spending has slowed, it still doubles the rate of growth wages. Some policymakers and employers have looked to so-called “consumer-driven” health care models to control spending. These plans encourage consumers to make more economical choices by paying directly for some health services; however, these plans are not widespread and it is not clear what impact they will have on spending and affordability. In the public sector, policymakers have allowed for greater cost-sharing in Medicaid in order to control costs, but this could also expose low-income women to higher out-of-pocket spending and potentially limit their access to care.

Covering the Uninsured. In recent years, there has been bipartisan interest in broadening access to health coverage to the nearly 47 million uninsured Americans but without consensus on how to achieve this goal. While there has been relatively little activity at the federal level, a handful of states have recently adopted or are considering proposals to expand coverage. States are using a combination of strategies such as expanding public programs to cover most children in a state, mandating employers to cover all workers or contribute to a public financing pool and requiring all individuals to carry health insurance, with subsidies for those with lower incomes. Given the importance of health insurance in improving women’s access to care and health status, federal, state and private-sector efforts will be needed to expand coverage to the more than 17 million uninsured women.

Ohio Statistics

Figure 3
Health Insurance Coverage of Women 18 to 64 in Ohio, 2004-2005

Estimated Number of Women (Thousands)	Type of Coverage/Percent Distribution	Type of Coverage/Percent Distribution		
		Private/Other*	Medicaid	Uninsured
3,694		76%	10%	14%
Estimated Number of Women in Low-income** Bracket (Thousands)	Percentage of Women in Low-income** Bracket	Private/Other*	Medicaid	Uninsured
1,138	31%	42%	30%	28%

*Private/Other category includes: employer-based coverage, other private insurance and other public insurance, such as Medicare and military-related coverage.

**Low income is defined as incomes less than 200% of the poverty threshold, which was \$31,154 for a family of three in 2005.

OTHER ARTICLES AND REPORTS

Below is a listing of other relevant articles with a brief abstract about the article:

1) *Economists: Health Care Expenses to Grow*

Internet Citation: Copyright 2007 The Associated Press. *intelihealth.com*, February 21, 2007. <http://www.intelihealth.com/IH/ihtPrint/EMIHC267/333/341/536102.html?d=dmtlCNNews>.

Health care costs, co-pays and health insurance premiums are expected to rise as much as 20 percent in the next decade, exceeding spending in the overall economy, report economists at the Centers for Medicare and Medicaid Services. The recent report based upon a study of health care and related costs was released February 21, 2007.

2) *How did welfare reform affect the health insurance coverage of women and children?*

Internet Citation: *Health Services Research*, April 2006. John Cawley, Mathis Schroeder, Kosali I. Simon. http://findarticles.com/p/articles/mi_4149/is_2_41/ai_n16123820.

Since passage of the Personal Responsibility and Work Opportunity Reconciliation Act (PRWORA) of 1996, the number of welfare recipients in the United States has fallen by 60 percent (U.S. Department of Health and Human Services 2004). This paper tests for one possible consequence of welfare reform: the loss of health insurance for women and children.

3) *National Healthcare Disparities Report, 2006*

Internet Citation: *National Healthcare Disparities Report, 2006*. Agency for Healthcare Research and Quality (AHRQ), Rockville, MD. <http://www.ahrq.gov/qual/nhdr06/nhdr06.htm>.

The 2006 National Healthcare Disparities Report (NHDR) tracks disparities in both quality of and access to health care in the United States for both the general population and for AHRQ's congressionally designated priority populations.

The 2006 NHDR uses the same measures of quality as its companion National Healthcare Quality Report (NHQR) to monitor the nation's annual progress toward eliminating disparities in health care. Racial/ethnic group comparison focuses on 22 core measures of quality and six core measures of access that support reliable estimates for whites, blacks, Asians, American Indians/Alaska Natives and Hispanics; income group comparisons highlight 17 core quality measures and six core access measures.

The report presents, in chart format, the latest available findings on quality of and access to health care in the general U.S. population and among priority populations. It focuses on four components of quality – effectiveness, patient safety, timeliness



and patient centeredness – and two components of access – facilitators and barriers to health care and health care utilization.

4) *Overview of the Uninsured in the United States: An analysis of the 2005 Current Population Survey*

Internet Citation: *ASPE Issue Brief*, September 22, 2005. U.S. Department of Health and Human Services, Office of the Assistant Secretary for Planning and Evaluation. <http://aspe.hhs.gov/health/reports/05/uninsured-cps/index.htm>.

According to the Census Bureau's 2005 Current Population Survey (CPS), there were 45.8 million uninsured individuals in 2004, or 15.7 percent of the civilian, non-institutionalized population. Those who lack insurance represent a diverse group. Understanding the uninsured population is important for policymakers looking to design solutions for this population. This report describes insurance coverage in the United States and describes the key demographic characteristics of the uninsured.

5) *Women and Health Coverage: The Affordability Gap*

Internet Citation: *CMWF Issue Brief*, April 19, 2007. E.M. Patches and J. Waxman. *Women Struggle More with High Cost of Health Care*, April 2007. The Commonwealth Fund, New York, NY. http://www.cmwf.org/publications/publications_show.htm?doc_id=478513.

Although men and women have some similar challenges with regard to health insurance, women face unique barriers to becoming insured. More significantly, women have greater difficulty affording health care services even once they are insured. On average, women have lower incomes than men and therefore have greater difficulty paying premiums. Women also are less likely than men to have coverage through their own employer and more likely to obtain coverage through their spouses; are more likely than men to have higher out-of-pocket health care expenses; and use more health care services than men and consequently are in greater need of comprehensive coverage. Proposals for improving health policy need to address these disparities.

ORGANIZATIONS AND ASSOCIATIONS

Agency for Healthcare Research and Quality

540 Gaither Road
 Rockville, Md, 20850
 Phone: (301) 427-1364
 Toll-free Clearinghouse: (800) 358-9295
 Web site: <http://www.ahrq.gov/>

The Agency for Healthcare and Quality (AHRQ) is the federal agency charged with improving the quality, safety, efficiency and effectiveness of health care for all Americans. As one of 12 agencies within the Department of Health and Human Services, AHRQ supports health services research that will improve the quality of health care and promote evidence-based decision-making.

AHRQ's focus and strategic goals are:

- **Safety and quality:** Reduce the risk of harm by promoting delivery of the best possible health care.
- **Effectiveness:** Improve health care outcomes by encouraging the use of evidence to make informed health care decisions.
- **Efficiency:** Transform research into practice to facilitate wider access to effective health care services and reduce unnecessary costs.
- **Organizational excellence:** Use efficient and responsive business processes to maximize the agency's resources and the effectiveness of its programs.

To order agency publications, contact the Clearinghouse by calling the toll-free number above or by e-mail (AHRQPubs@ahrq.hhs.gov). Call the AHRQ Clearinghouse to begin a free subscription to AHRQ's monthly research bulletin, *Research Activities*.

Assistant Secretary for Planning and Evaluation

U.S. Department of Health and Human Services (HHS)
 200 Independence Avenue, SW Room 415F
 Washington, DC, 20201
 Web site: <http://aspe.hhs.gov/>

The assistant secretary for planning and evaluation (ASPE) advises the secretary of the Department of Health and Human Services on policy development in health, disability, human services data and science and provides advice and analysis on economic policy. ASPE leads special initiatives, coordinates the department's evaluation, research and demonstration activities and manages cross-department planning activities such as strategic planning, legislative

planning and review of regulations. Integral to this role, ASPE conducts research and evaluation studies, develops policy analyses and estimates the cost and benefits of policy alternatives under consideration by the department or Congress. ASPE is organized into five principal offices:

- The Office of Disability, Aging and Long-Term Care Policy addresses long-term care issues and personal assistance services including informal caregiving.
- The Office of Health Policy deals with health-related issues including health care financing.
- The Office of Human Services Policy/HHS's Chief Economist focuses on welfare, service delivery issues and policies affecting children, youth and families.
- The Office of Planning and Policy Support coordinates the management of HHS-wide policy development and policy support activities. It also provides policy analysis, research and evaluation of cross-cutting issues such as homelessness, government reinvention and program delivery systems.
- The Office of Science and Data Policy guides the development of science and data policy by other HHS entities, coordinates science and data policy matters, and is responsible for communications with the scientific and data policy communities outside HHS.

The Commonwealth Fund

1 East 75th Street
 New York, NY 10021
 Phone: (212) 606-3800
 Fax: (212) 606-3500
 E-mail: cmwvf@cmwvf.org
 Web site: <http://www.cmwvf.org/>

The Commonwealth Fund is a private foundation that aims to promote a high performing health care system that achieves better access, improved quality and greater efficiency, particularly for society's most vulnerable populations, including low-income people, the uninsured, minority Americans, young children and elderly adults. The fund carries out this mandate by supporting independent research on health care issues and making grants to improve health care practice and policy. An international program in health policy is designed to stimulate innovative policies and practices in the United States and other industrialized countries.

The Kaiser Family Foundation

Web site: <http://www.kff.org/>

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Washington DC Office/Public Affairs Center

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The Kaiser Family Foundation (KFF) is a non-profit, private operating foundation focusing on the major health care issues facing the United States with a growing role in global health. KFF serves as a non-partisan source of facts, information and analysis for policymakers, the media, the health care community and the public. Their product is information, always provided free of charge. The foundation is a major producer of policy analysis and research as well as a go-to clearinghouse of news and information for the health policy community. KFF also develops and helps run large-scale public health information campaigns in the U.S. and around the world.

Ohio Department of Insurance

2100 Stella Court
Columbus, OH 43215
Phone: (614) 644-2658
Fax: (614) 644-3743
Toll-free Consumer Hotline: (800) 686-1526
Toll-free Fraud Hotline: (800) 686-1527
Toll-free OSHIIP Hotline: (800) 686-1578
Web site: <http://www.ohioinsurance.gov>

The mission of the Ohio Department of Insurance is to provide consumer protection through education and fair but

vigilant regulation while promoting a stable and competitive environment for insurers. Service areas are: consumer services; agent licensing; fraud and enforcement; life, health and managed care; and Ohio Senior Health Insurance Information Program.

Robert Wood Johnson Foundation

PO Box 2316
College Road East and Route 1
Princeton, NJ 08543-2316
Toll-free phone: (888) 631-9989
Web site: <http://www.rwjf.org/>

The Robert Wood Johnson Foundation (RWJF) seeks to improve the health and health care of all Americans. To achieve the most impact, RWJF prioritizes its grants into four goal areas:

- 1) To assure that all Americans have access to quality health care at reasonable cost.
 - 2) To improve the quality of care and support for people with chronic health conditions.
 - 3) To promote healthy communities and lifestyles.
 - 4) To reduce the personal, social and economic harm caused by substance abuse—tobacco, alcohol and illicit drugs.
- To accomplish these goals, RWJF supports training, education, research (excluding biomedical research) and projects that demonstrate the effective delivery of health care services.

RWJF focuses on the pressing health and health care issues facing the United States. The foundation is the sponsor of Cover the Uninsured Week, the largest mobilization in history to create awareness of the need for action on the issue of the uninsured. This effort provides an opportunity for individuals and organizations with diverse views to come together to demand that U.S. leaders make health insurance coverage for Americans a top priority. Cover the Uninsured Week takes place the last week in April in communities across the country. For more information, visit <http://www.covertheuninsured.org>.

Ohio Department of Health

Sexual Assault and Domestic Violence Prevention Program:

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