Women’s Health Report Card

Michelle Berlin, M.D., M.P.H.
National Conference of State Legislatures
Women’s Health Across the Lifespan
December 6, 2006
Overview of Presentation

• Overview of Report Card
• Grading and Ranking
• Status Indicators
• Policy Indicators
• Conclusions/Next Steps
Purpose of the Report Card

• Define women’s health broadly

• Provide a state-by-state and national overview of women’s health status (status indicators)

• Highlight key policies to adopt to improve women’s health status (policy indicators)

• Promote health & well-being of U.S. women
Overarching Themes

• How to characterize the health of women in the United States?

• How to convey key issues which contribute to the health of women?
  – Emphasize continuum of health: well-being, not just illness
  – asset-based
  – policies that support health goals
How to choose indicators?
Range of Health Categories

- Mortality
- Chronic Conditions/Illnesses
- Acute Conditions/Illnesses
- Prevention/Screening
- Wellness
Status Indicator Criteria

• Major Criteria:
  – Significant impact on quality of life, functioning or wellness
  – Affects large numbers of women in the specific population and/or age group
Status Indicator Criteria

• Minor Criteria
  – Amenable to intervention, prevention, improvement
  – Measurable (or could be measurable if measures have not been developed)
  – Commonly used or broad consensus on use
  – Emerging issue (i.e. increasing prevalence, incidence, or severity)
Policy Indicator Criteria

• Relates to health status indicators
• Measurable
• Able to be compared across states
• Adopted by one or more states
Devise list of indicators

- All meet criteria
- How to choose between them?
National Advisory Committee

• Distinguished and diverse group that provides guidance and support
• Representation includes: policy makers, advocacy groups, clinicians, program providers, expertise in various aspects of women’s health issues and other factors affecting women’s lives
How about the data itself?

• Must be population-based data
• Available for each state
• Available by age, race, ethnicity
Health Status Indicators: Key Data Sources

- Behavioral Risk Factor Surveillance System (BRFSS)
- US Census Bureau
- US Population Reference Bureau
- National Center for Health Statistics (NCHS)
Indicators assess Nation and States

- 34 health status indicators
- 67 policy indicators
- 4 categories of indicators
  - Women’s access to health care services
  - Addressing wellness and prevention
  - Key health conditions, diseases and causes of death
  - Living in a healthy community
Health Status Indicators

• Women’s Access to Health Care Services
  – Lack of health insurance
  – Living in “medically underserved areas”
  – Prenatal care
  – Living in county without abortion provider
Health Status Indicators

• **Addressing Wellness and Prevention**
  – Screening:
    • Pap tests
    • Mammograms
    • Colorectal cancer screening
    • Cholesterol screening
  – Prevention:
    • Leisure time physical activity
    • Obese
    • 5 or more fruits and vegetables
    • Smoking
    • Binge drinking (five or more drinks)
    • Annual dental visits
Health Status Indicators

• **Key Health Conditions, Diseases and Causes of Death**
  
  – Key causes of death
    • Heart disease
    • Stroke
    • Lung cancer
    • Breast cancer
  
  – Chronic conditions
    • High blood pressure
    • Diabetes
    • AIDS
    • Arthritis
    • *Osteoporosis*
Health Status Indicators

• **Key Health Conditions, Diseases and Causes of Death**
  - Reproductive health
    - Chlamydia
    - *Unintended pregnancies*
    - Maternal mortality
  - Mental health: mental health days
  - Violence against women: *violence experienced over lifetime*
Health Status Indicators

- Living in a Healthy Community
  - Overall health
    - Life expectancy
    - Limited activity
    - Infant mortality
  - Economic security and education
    - Poverty
    - Wage gap
    - High school completion
Policy Indicators

• Women’s Access to Health Care Services

  – Access to health insurance & services:
    Medicaid eligibility by income, and expanded enrollment,
    public insurance for adults, linguistic access

  – Access to specific health services:
    prescription drugs, long term care, mental health, diabetes-
    related services, breast & cervical cancer treatment, family
    planning, maternity stays, abortion services, violence
    against women
Policy Indicators

• Women’s Access to Health Care Services (continued)
  
  – Family & medical support: family and medical leave, temporary disability insurance
  
  – Patients’ protections in managed care: direct access to OBGYN, continuity of care, clinical trials, external review
Policy Indicators

• **Addressing Wellness and Prevention**
  
  – *Screening coverage mandates:* private coverage for Pap smears, mammograms, chlamydia, osteoporosis, colorectal cancer
  
  – *Prevention:* exercise, nutrition outreach/education, anti-smoking policies, state support for arthritis program, sexuality & STD/HIV education in public schools
Policy Indicators

• Living in a Healthy Community
  – Economic security: child support, state supplement of SSI, minimum wage
  – Anti-discrimination: domestic violence, sexual orientation in employment, genetic
  – Gun control
  – Monitoring environmentally related diseases
How To Measure “Success”?
Grading and Ranking
Grading and Ranking: Status Indicators

- Benchmarks drawn primarily from Healthy People 2010
- *Grades* indicate how close state is to meeting relevant benchmarks, while *ranks* illustrate how state compares to other states
- Grades take into account that states and nation still have several years to achieve 2010 benchmarks
Grading of Status Indicators

- **S**atisfactory – met the benchmark (most based on Healthy People 2010)
- **S**atisfactory **M**inus
- **U**nsatisfactory
- **F**ail
Evaluation of Policy Indicators

States are compared, but not graded, on the policy indicators.

- Meets Policy
- Limited Policy
- Weak Policy
- Minimal/Harmful Policy
Findings
Status Indicator Findings

• No state received a grade of S

• Six states received an F

• The nation met only 2 indicators and received an overall grade of U

• All states met one benchmark and missed eight
Status Benchmarks Met and Missed: All States & DC

**Benchmarks Met**
- Annual Dental Visits

**Benchmarks Missed**
- Health insurance
- Eating 5 Fruits & Vegetables a day
- High Blood Pressure
- Diabetes
- Life Expectancy
- Infant Mortality
- Poverty
- Wage Gap
2004 State Rankings

Top Five
- Minnesota
- Massachusetts
- Vermont
- Connecticut
- New Hampshire

Bottom Five
- Oklahoma
- West Virginia
- Arkansas
- Louisiana
- Mississippi
2004 Findings: Status Indicator Range

- **Women without health insurance**
  Minnesota at 7.9%; Texas at 28.3%

- **Women living in poverty**
  New Hampshire at 7.4%; Mississippi at 20.3%

- **Women who smoke**
  Utah at 11.4%; Kentucky at 30.5%
Policy Indicator Findings

- 25 states improved at least five policies

- Majority of states weakened one to three policies

- Only ONE policy goal was met by all the states
Policy Indicator Findings (cont’d)

• Three states – New York, California and Rhode Island – met 35 or more of the policy indicator goals

• Idaho, South Dakota and Mississippi met the fewest policy goals
Policies Most Improved/Weakened

**Improved**

- Tobacco Sales Rates to Minors
- Medicaid Simplified Mail-in Applications
- Linguistic Access

**Weakened**

- Medicaid Co-payments on Prescription Drugs
- Funding for Tobacco Control Programs
- Clinic Access
Systemic Shortcomings Identified by Policy Indicators

- Women need better access to health insurance.
- Access to specific health care providers/services, particularly in the area of reproductive health, is insufficient.
- Preventive and health promoting measures must be more available.
- Disparities and gaps in economic security continue to compromise women’s health.
Key Findings, Conclusions & Next Steps
Key Findings

- The nation and the states received poor grades for the status of women’s health and are far from meeting the *Healthy People 2010* goals.

- No state even came close to meeting all the policy indicator goals.

- On the policy indicators, since the previous *Report Card* issued in 2001, states have taken two steps forward and one step back.
Conclusions

• Since the last Report Card (2001), states have made more positive changes in their policies than harmful ones.

• But there is still a long way to go.

• Greater commitment to women’s health is needed at both state and federal levels.
How States Can Use Report Card

• **Consider expanded state report card and related activities**
  – Expand analyses in status/policy arenas
  – Evaluate current investments
  – Develop new initiatives/policies

• **Develop state agendas**
  – Legislation
  – Assessment of needs/use of resources

• **Convene groups/coalitions for action**

• **Build educational campaigns**
Women's health advocates rely on Report Card

- Briefings on the Report Card held in both houses of U.S. Congress
- Report Card data used by over 100 organizations to support introduction of FamilyCare Act of 2001 (provide health insurance coverage for parents of SCHIP-eligible children)
- Delaware and Maryland created Offices on Women’s Health, largely in response to the Report Card
  - But, what is the efficacy of Offices like these?
Women's health advocates rely on *Report Card*

- The Maine Women’s Health Campaign cited Maine’s showing in the *Report Card* to support efforts; legislation introduced to increase funding for women’s health initiatives and state office on Women’s Health.

- The Pennsylvania Women’s Health Alliance used *Report Card* to promote postmenopausal wellness. State legislators introduced a resolution based on *Report Card* findings and held a hearing on women’s health.
Women's health advocates rely on *Report Card*

- Alabama’s and Oregon’s state health departments used *Report Card* to create education materials
- Advocates in California, Michigan, and South Carolina relied on the *Report Card* to write own state reports
- South Carolina’s governor sponsored series of town meetings on women’s health and distributed *Report Card* materials
Women's health advocates rely on *Report Card*

- In response to the *Report Card*, Blue Cross Blue Shield of Georgia created advisory group to determine how state can better address women’s health issues
- Minnesota held a symposium on women’s health that relied on the *Report Card* and held focus groups on women’s issues, establishing 5 focus areas
Available electronically


– National Women’s Law Center: www.nwlc.org

Available in print

– National Women’s Law Center
  (202) 588-5180
Next Release:
Expected Spring 2007
PATH for women

The OHSU Center for Women's Health (CWH) has established **Policy Advisory Toward Health (PATH) for Women**, to provide accurate, evidence-based data for women's health policy issues to policymakers and other key stakeholders. PATH for Women is designed to be an information resource for national and regional legislators, health professionals, health policy advocates and the community at large. PATH for Women serves policymakers as the premier evidence-based women's health policy group for Oregon and beyond.

PATH for women was developed in response to the **National Report Card on Women's Health**. This unique multi-year study grades each state and the federal government on women's health status and health policy. The report was developed by the **National Women's Law Center** in cooperation with the Association of Women's Health, Obstetric and Gynecologic Nurses and Teachers, and **Oregon Health & Science University**.

Learn more about PATH for Women.
(Cheryl Axler, Director)

**Initiatives:**

**Women's Health Policy Summit: October 20-21, 2006.**
At the Summit, researchers, policymakers and others will focus on key topics affecting the health of Oregon women. There is no cost for this event but seating is limited.
Please [register online](http://www.ohsuwomenshealth.com/path/about.html) now or click here to learn more.

**Cancer Screening Initiative**
In 2006, the Oregon State legislature confirmed that insurance companies offering policies in Oregon must provide coverage for breast and cervical cancer screening exams. This coverage was formerly subject to the "sunset" provision, requiring re-approval every 6 years, but is now part of permanent law.

Working with the OHSU Center for Women's Health Policy/Development Team, and in consultation with the bipartisan Oregon Women's Health and Wellness Alliance, PATH for Women chose to address this issue — coverage of breast and cervical screening — as its first initiative.

Learn more about the Cancer Screening Initiative.

For further information, contact:
OHSU Center for Women's Health
3181 SW Sam Jackson Park Road, LHU 50
Portland, OR 97239-3098

www.ohsuwomenshealth.com/path