

Women's Health: Public Health Issues

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Outline

- ✓ Review Past Federal Activity
- Define Women's Health
- Describe Why Women's Health is a Public Health Issue
- Outline the Impacts and Implications of Conditions/Diseases
- Detail the Key Factors to Consider in Addressing Women's Health
- Discuss Virginia Studies and current VDH Initiatives

Federal Activity

- 1920: 19th Amendment gave women the right to vote
- 1921: Shepard Town Act greatly increased the availability of prenatal and child health care
- 1960: The FDA approved the birth control pill
- 1964: Civil Rights Act which prevented employment discrimination
- 1973: *Roe v. Wade* Supreme Court Decision which provided women the legal right to abortion

Federal Activity Continued

- 1980s:
 - ◆ The U.S. Public Health Service Task Force on Women's Health Issues was formed to assess the status of women's health and recommend a course of action. The report was published in 1985
 - ◆ In 1989 the Congressional Caucus of Women formed and requested an audit of NIH clinical trials regarding the number of women included

Federal Activity Continued

- 1990s:
 - ◆ The Women's Health Equity Act allocated funding to research women's health issues and Medicaid coverage for Pap screens and mammograms, assistance for pregnant women, and increased access for all women to screening and treatment for sexually transmitted diseases
 - ◆ NIH established the Office of Research on Women's Health
 - ◆ Women's Health Initiative Study began

1990's Continued

- ◆ Offices on Women's Health of the U.S. Public Service and the FDA established
- ◆ NIH Revitalization Act required women and minorities to be included as subjects in all human research funded by NIH
- ◆ Family Friendly Medical Leave Act
- ◆ Violence Against Women Act
- ◆ Breast and Cervical Cancer Prevention Act of 1990

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What is Women's Health?



Past Philosophy

- It was once believed, that the uterus and ovaries were the controlling organs and the center of all disease in women and;
- Many women initially enter the health system due to issues related to reproductive organs

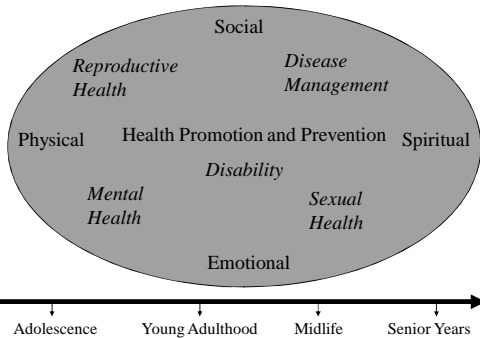
As a result: Women's health centered and still, to some degree, centers around the pelvis and the breasts



Reproductive Health



Today's Philosophy Is A Comprehensive Approach



This holistic model for women's health focuses on gender as a key variable in recognizing forces that impact health to allow for a wellness approach that:



- Emphasizes women's assets and flexibility rather than problems
- Includes a social perception that understands that women are routinely involved in multiple roles
- Recognizes that women have variable health and psychosocial needs as they transition through life and that health behaviors are based on cumulative experiences
- Appreciates that both gender-specific experiences are normal in relation to health care needs and access to health resources

– Grason, Hutchins, & Silver 1999a

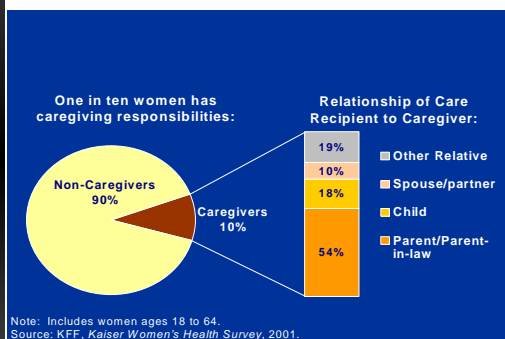
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Why Women's Health

- Economics
 - ◆ Primary consumers of health care
 - ◆ Primary decision makers related to health care—making 90% of the decisions for families
 - ◆ Key to the work force
 - ◆ Make-up about 75% of unpaid care givers to the elderly and children (safety-net providers)
- Women have a growing economic power which now is being courted*

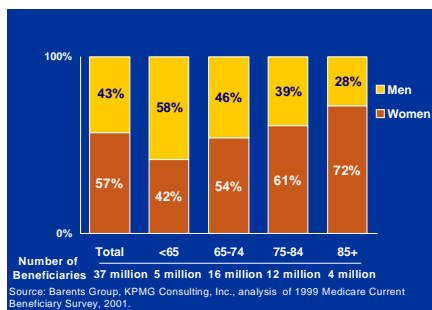
Women's Care Giving Responsibilities



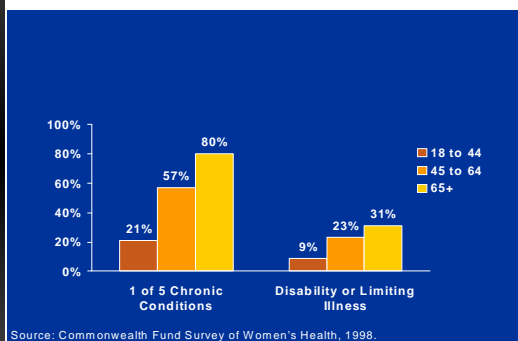
Economics Continued

- ◆ The burden of aging rests on women. Women outlive men by approx 6 years, which means women live longer with chronic disease
- ◆ In 2003 the number of women older than 65 was 13.5 percent, by 2030 1 in 4 women will be over the age of 65—Currently are the largest and will be an even larger portion of the Medicare population
- ◆ The prevalence of chronic conditions and disability increases as women age.

Medicare Beneficiaries by Age and Sex



Prevalence of Conditions and Disabilities by Age



Why Women's Health Continued

- Medical
 - ◆ Various diseases affect women exclusively such as ovarian and cervical cancer;
 - ◆ Other diseases affect women disproportionately such as breast cancer, depression, arthritis, and osteoporosis and;
 - ◆ While others affect women differently such as heart disease, lung cancer, asthma and HIV/AIDS

Why Women's Health Continued

- Research
 - ◆ Gender differences in areas ranging from clinical practices to the basic understanding of the mechanisms of disease have not been fully explored and until recently ignored.
 - ◆ Pharmacology and other treatments for disease affect women differently

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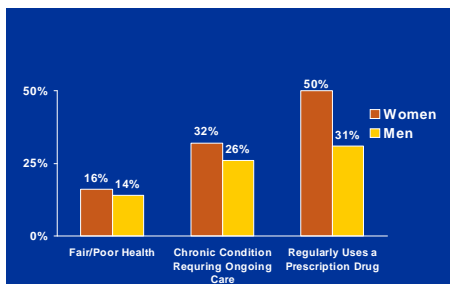
How Women Fare

- Affected by the main killers equal to or more than men
- Certain diseases affect women exclusively while others affect women differently or disproportionately

How Women Fare

- More likely to report fair or poor health and have a chronic condition that requires ongoing care
- More complex health care due to prenatal and reproductive health services being provided separate from women's health
- More likely to regularly use prescription drugs

Health Status, by Gender

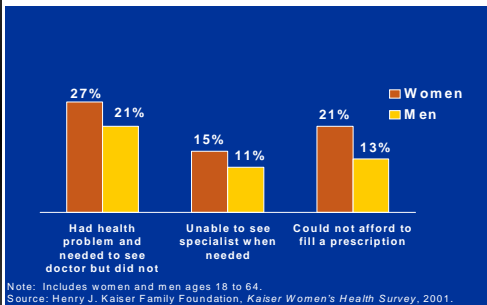


Note: Includes women and men ages 18 to 64.
Source: Henry J. Kaiser Family Foundation (KFF), Kaiser Women's Health Survey, 2001.

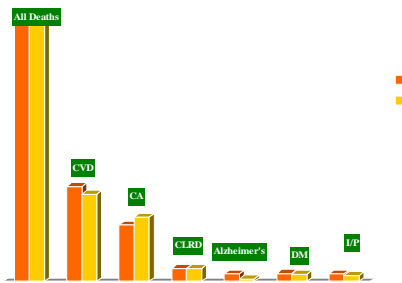
How Women Fare Continued

- Experience more difficulty accessing the health system—due to low incomes, higher rates of un/underinsurance, and busy schedules
- Spend more out-of-pocket
- Less compliant even with greater visits to the doctor

Access to Health Services is a Problem for Women



Leading Causes of Death in Women Compared to Men



Cardiovascular Disease

- Number one killer of women
- Usually 10-15 years older than men when signs/symptoms appear
- Signs and symptoms are different and more women die from a silent heart attack
- More likely to die from a heart attack, die within weeks and have complications from coronary procedures
- Experience disability from a heart attack and recurrent conditions or mortality at rates 2-9 times higher than men

Cardiovascular Disease Continued

- Have higher rates of high blood pressure
- 20% of women >20 years old have high cholesterol, which increases with age
- Account for every 3 out of 5 deaths from stroke
- More common to have diagnosis of diabetes with heart disease with a poorer prognosis

Cancer

- Lung Cancer is the leading cause of cancer death with the mortality rate increasing in women, while decreasing in men
- Breast Cancer is the most prevalent form of cancer and disproportionately affects women
- Cervical and Endometrial Cancers affect women exclusively

Diabetes

- Sixth leading cause of death
- More women have diabetes than men
- Eight percent of women have diabetes and this is expected to rise
- Death from heart disease and stroke is higher in women with diabetes than those without
- Gestational diabetes affects 2-5% of pregnancies with approximately 40% of women developing diabetes later in life.

Mental Illness and Depression

- Suffer more from mental illness (11% of women vs. 6% of men)
- Attempt suicide more frequently
- Three times more likely to suffer from anxiety, panic, phobia, and eating disorders
- Experience depression in a given month at 6%, are depressed during pregnancy at 10% and experience postpartum depression at 15%

Osteoporosis

- Four times more likely to have osteoporosis
- Affects approximately 8 million women
- 1 in 2 women >50 years old will experience a related fracture
- 20% of women greater than 65 will have a hip fracture and die

Other Conditions

- **Arthritis**
 - ◆ More prevalent in women
 - ◆ 2-3 times more women than men have RA
- **Autoimmune Conditions**
 - ◆ 75% occur in women and are the 4th leading cause of disability in women
- **Migraines**
 - ◆ 25 percent of women vs. 8% of men

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Key Factors to Consider

- Cyclic variability in women of reproductive age
- Changes throughout the lifespan
- Special needs of women of varying backgrounds

Key Factors to Consider

- Women are not a homogenous group
- Differences exist in health behaviors amongst racial, ethnic, cultural, socioeconomic status, sexual orientation, geographic location, stage of life and country of origin
- Health risks and concerns change as women advance through life
- These differences lead to multiple disparities

Prevention and Screening Behaviors

- Less screening and physical activity in minority women
- Less screening behavior in un/underinsured, rural, and less educated women

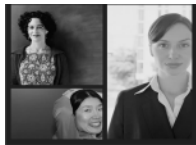
This could be due to barriers such as lack of services, transportation, child care and translator services

Substantial Racial Disparities Are Present

- ◆ Minority women have higher rates of HTN, AIDS, obesity/overweight
- ◆ Caucasian women are more likely to die from heart disease (is there a genetic difference)
- ◆ Caucasian women have the incidence of breast cancer; yet the death rate is highest in minorities
- ◆ African American women have higher Pap screening rates; yet have a higher mortality. Asian American women have a 5 times greater risk of cervical cancer than Caucasians

Racial Disparities Continued

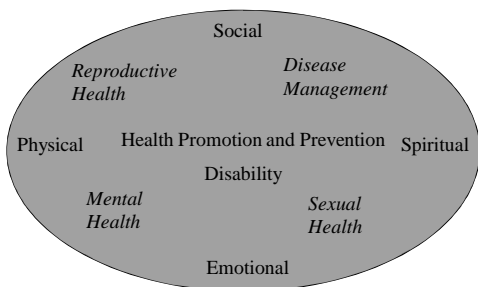
- Caucasian women have higher rates of lung cancer and osteoporosis
- African American and Hispanic women have the highest rates of Type 2 Diabetes
(less educated and lower income women also have higher rates)
- African American women have the highest rate of obesity.
- African American women have higher rates of colon and rectal cancers



“Recognizing the heterogeneity of women is important for understanding the factors that may influence causes, diagnosis, progression, and treatment of disease.”

These differences create a need for tailored approaches to the delivery of health education and health care services

A Comprehensive Approach



Adolescence Young Adulthood Midlife Senior Years

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Virginia Legislative Studies

- 1966: House Document 20
Report of the Commission on the Status of Women to The Governor and General Assembly
- 1994: House Document 82
Report of the Virginia Department of Health of the Statistical Profile of Women's Health Status in Virginia
- 1995: House Document 53
Report of the Virginia Department of Health on the Women's Health Status in Virginia

Virginia Department of Current Health Activities

- Hire of Women's Health Coordinator
- Programs
 - ◆ Family Planning, Perinatal Health, BCCEDP, Sickle Cell, Non-marital Birth Reduction
- Focus Groups
- Governors Task Force on Cervical Cancer
- Wear Red Day
- National Women's Health Week

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