



Health Care Disparities: *Are Women at Risk?*

Bureau of Business and Economic Research
Outlook 2010



“I think in general there is a feeling that women’s health issues are not being valued and are vulnerable. I think there is a sense of concern. Are women’s health issues expendable? Are women’s health issues under siege?”

**Debbie Walsh, director,
Center for American Women and Politics, Rutgers University**



“A lot of women feel the easiest political constituency to throw under the bus is women.”

Mary Anne Marsh, political strategist



What are health disparities?



- **As defined by Health Resources and Services Administration (HSRA)**
 - “population-specific differences in the presence of disease, health outcomes, or access to health care”
- **Example: American Indian women 1.9 times more likely than white women to die from cervical cancer**

What causes a health disparity?



- **Complex interaction between**
 - obstacles to health care **access**
 - genetic variation
 - substandard quality of care
 - **social** determinants
 - **health status** and specific behaviors

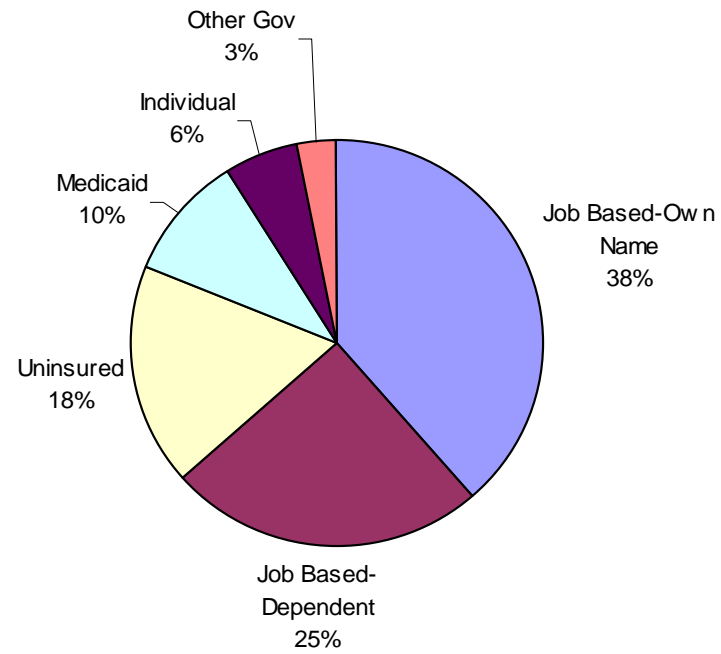
So What's Different For Women?



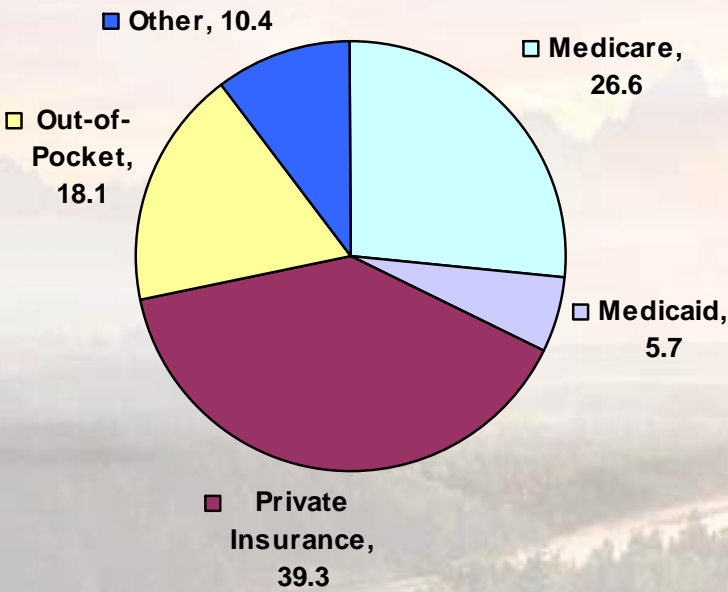
- **Compared to men...**
 - more likely to raise children alone
 - higher rates of chronic illnesses
 - unique reproductive health care needs
 - lower incomes, more reliant on Medicaid
 - make health decisions for their families
 - more likely have insurance as dependent
 - less likely to believe “health insurance is not worth the cost”
 - more likely to use government supported services
 - community health centers



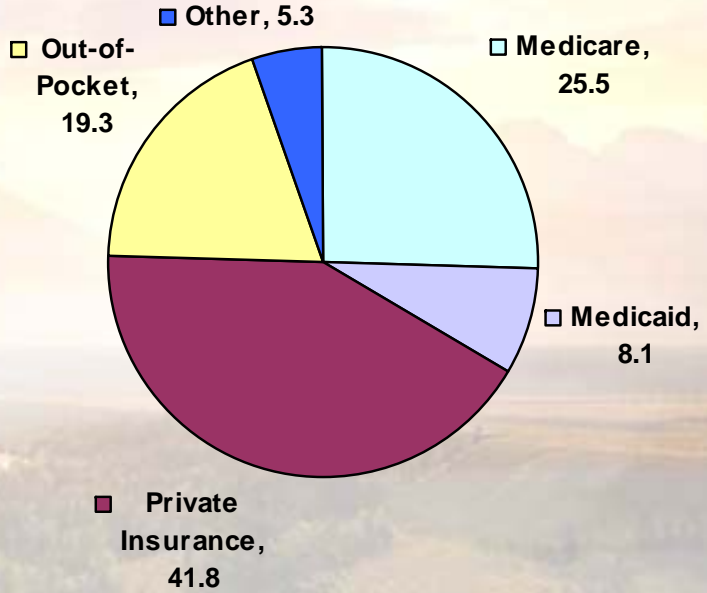
Women's Health Insurance Coverage, 2007



Health Care Expenses of Adults 18+, by Sex and Source of Payment, 2006



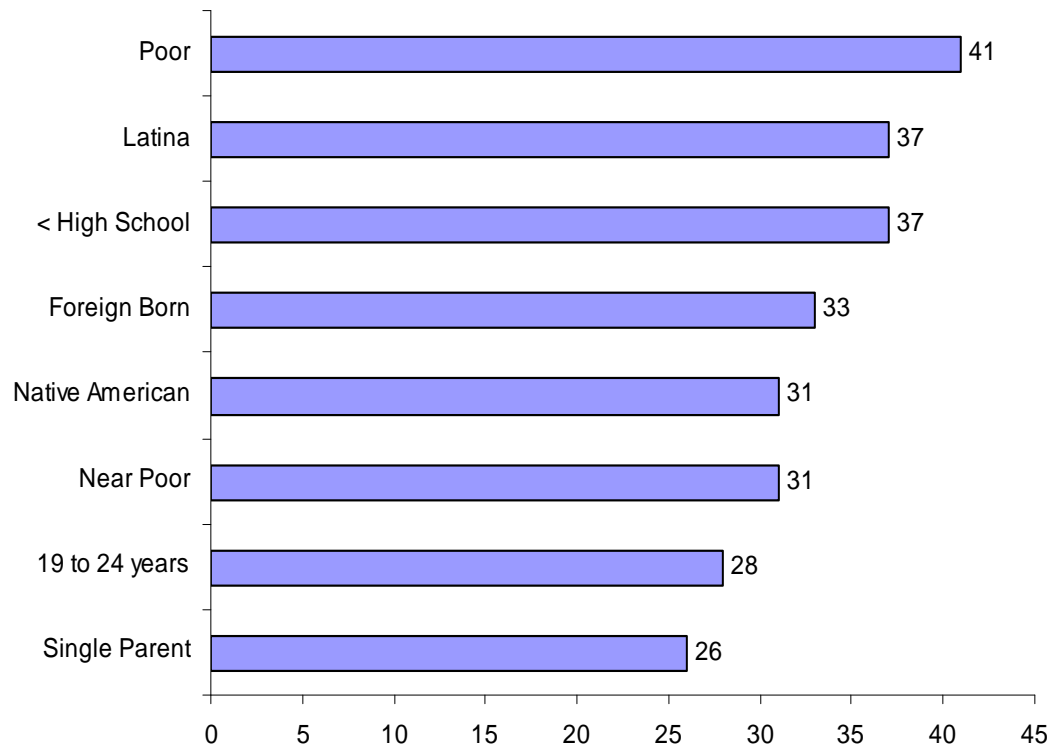
Males



Females

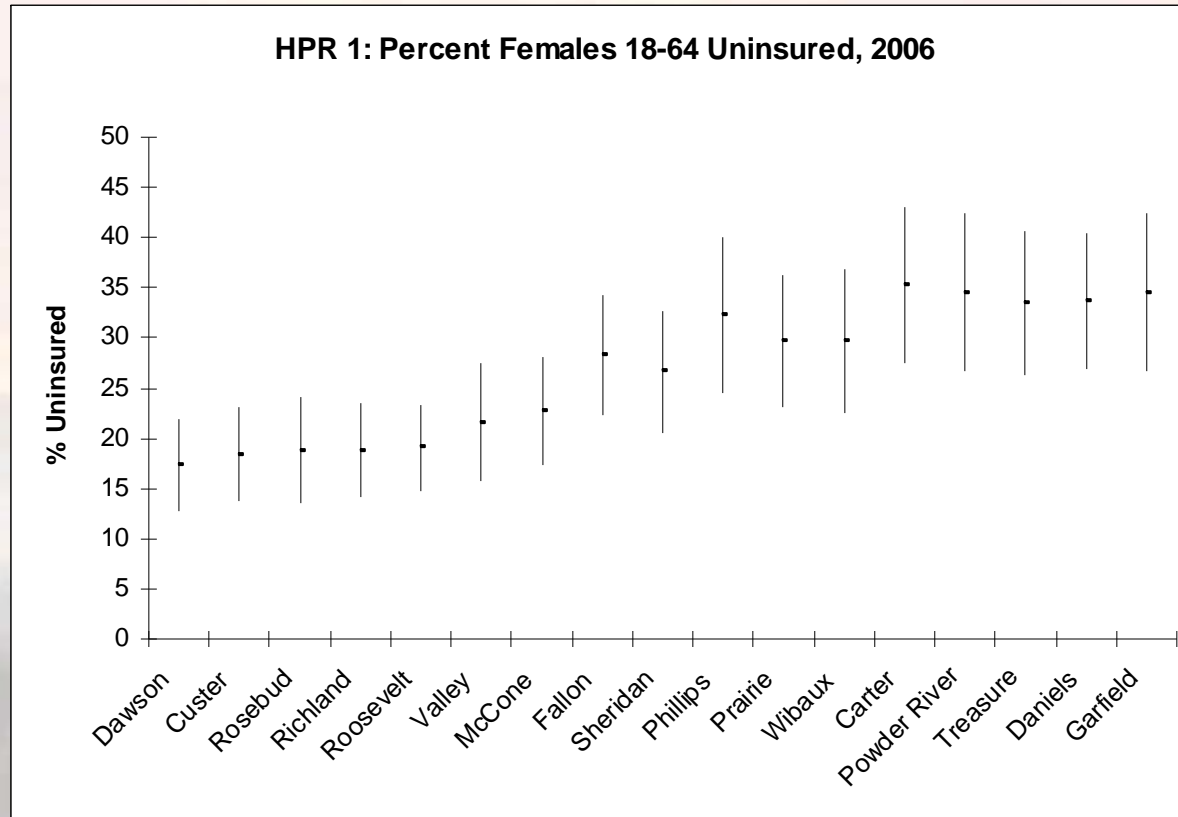


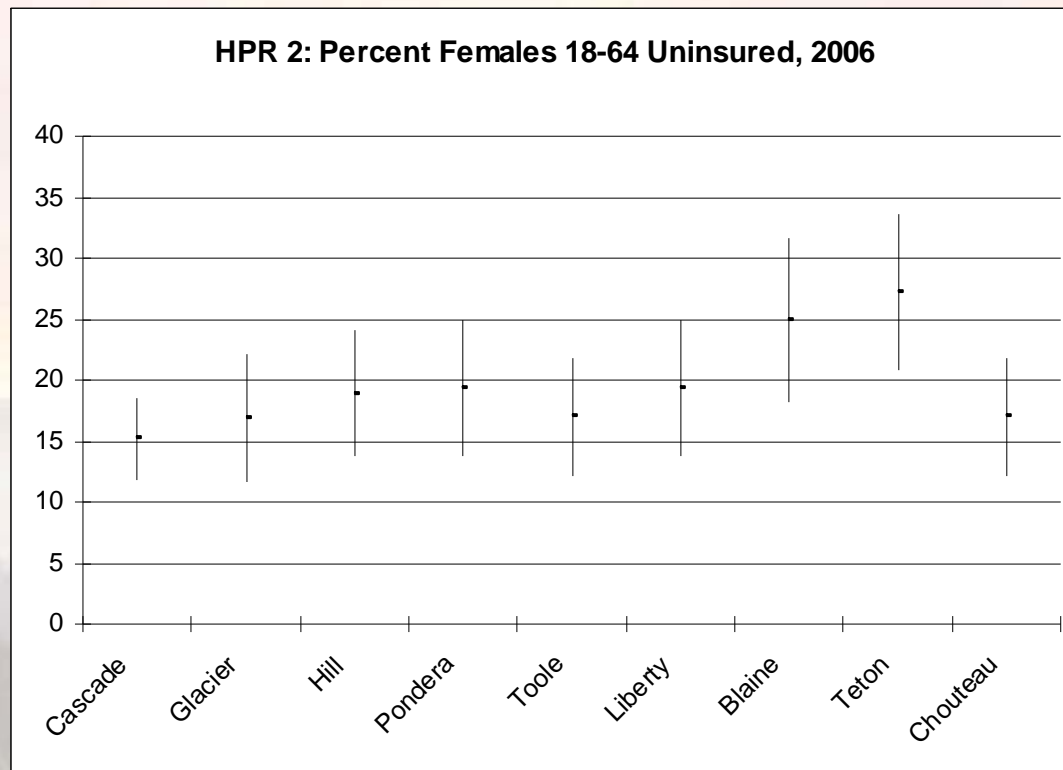
Percent Women 18-64 Uninsured





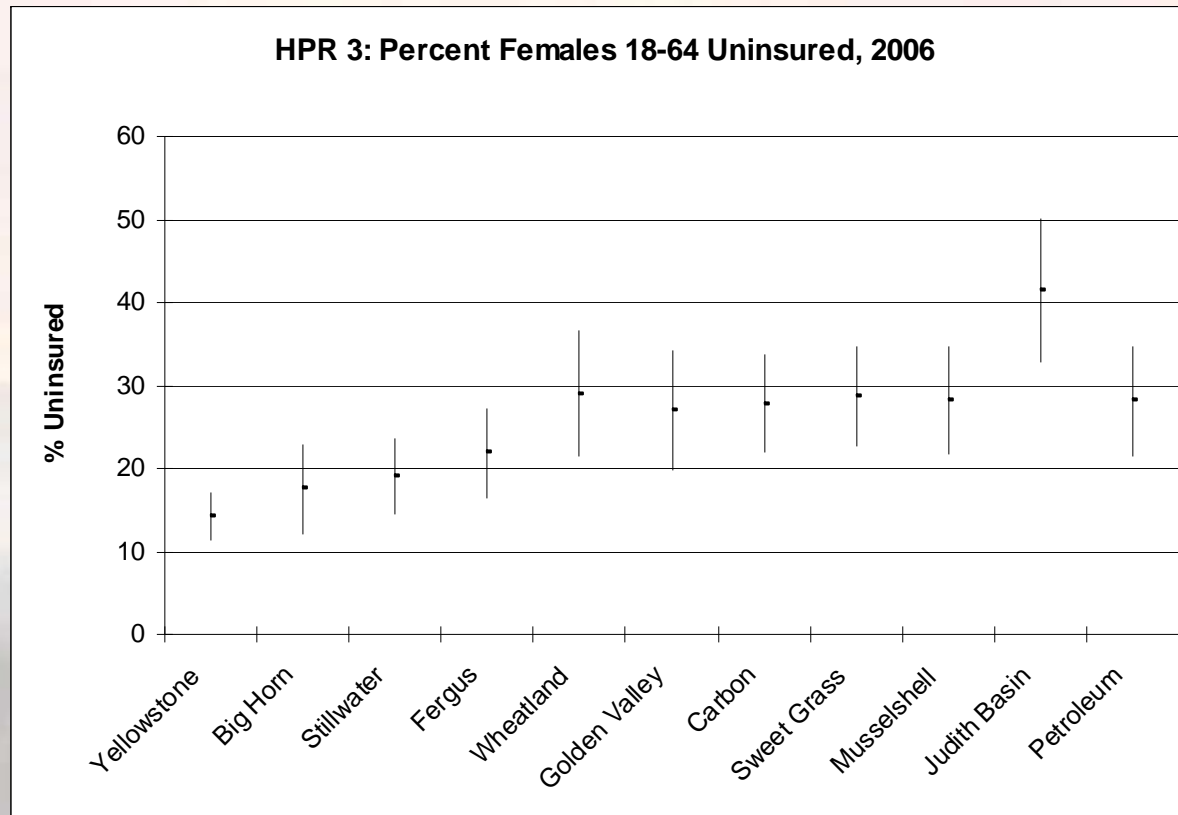
HPR 1: Percent Females 18-64 Uninsured, 2006





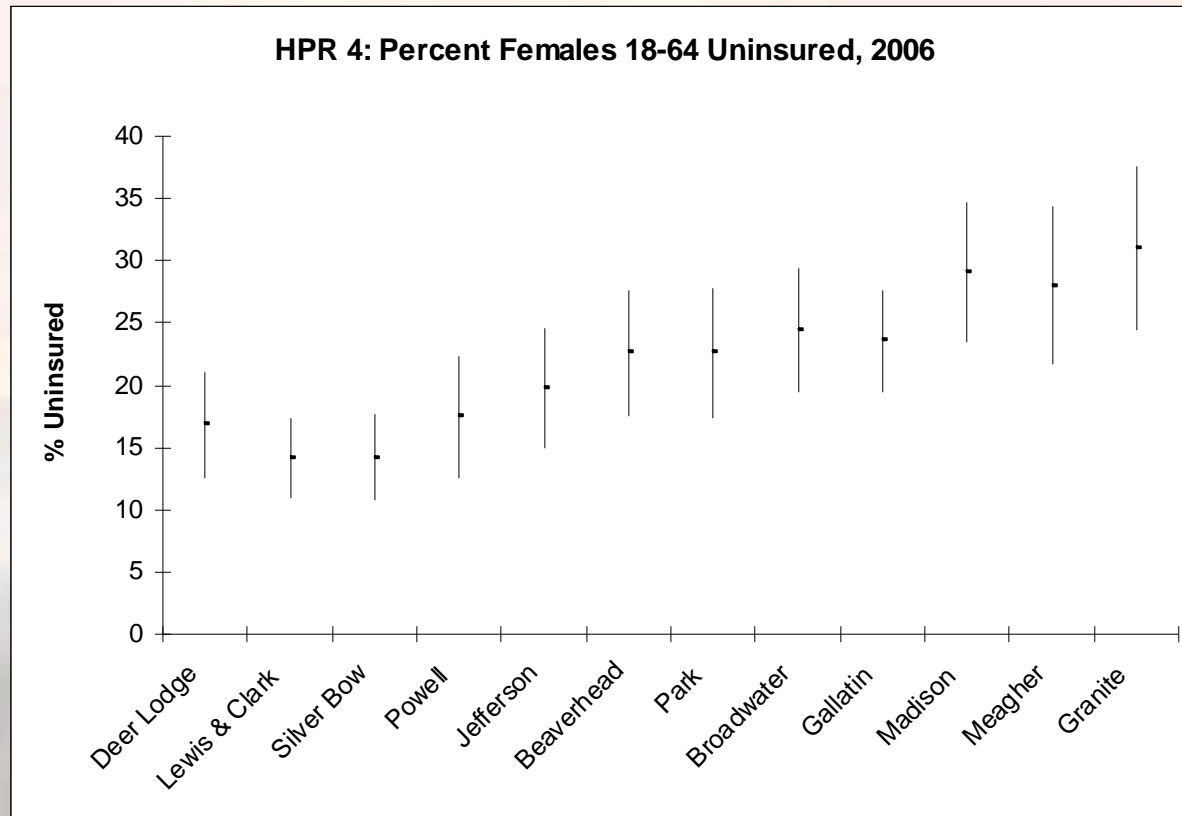


HPR 3: Percent Females 18-64 Uninsured, 2006



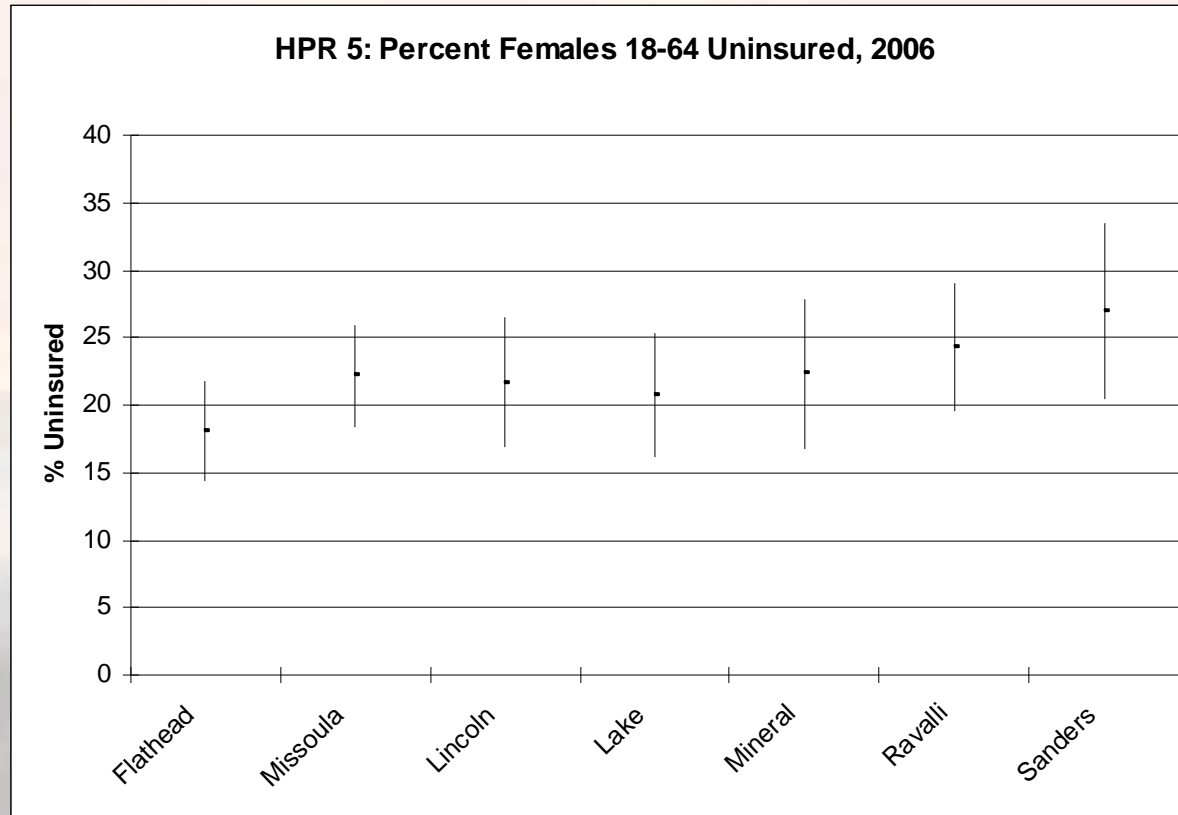


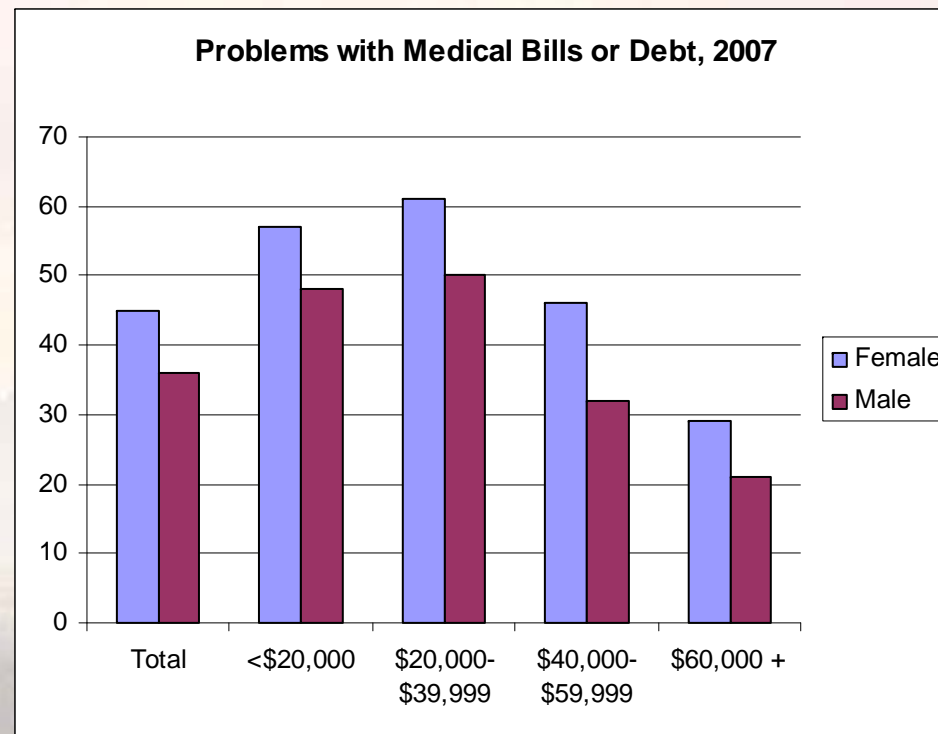
HPR 4: Percent Females 18-64 Uninsured, 2006

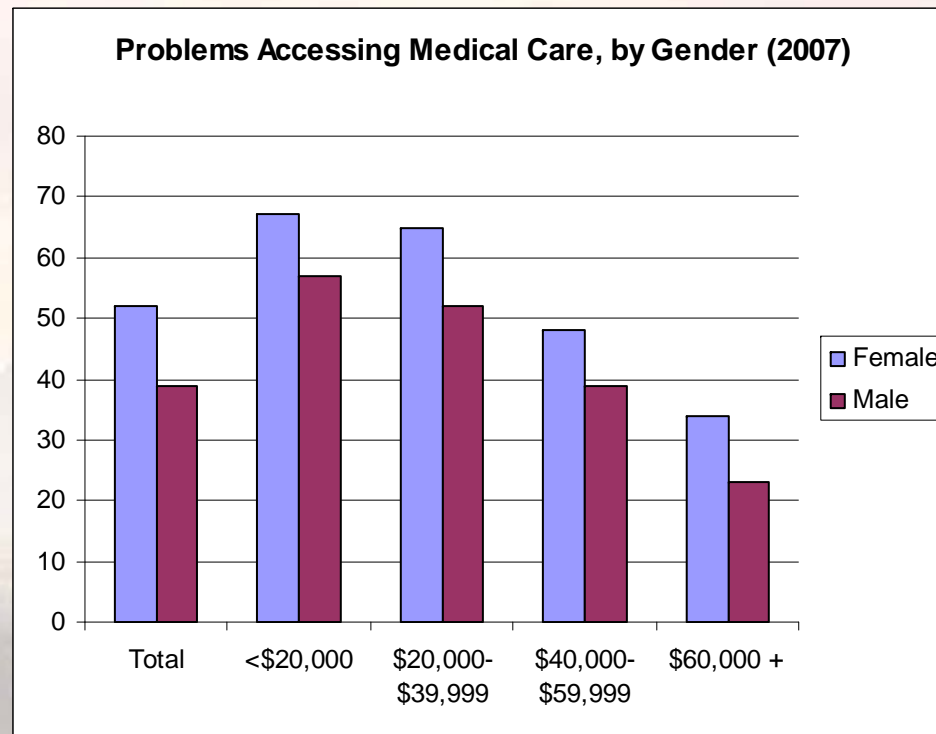


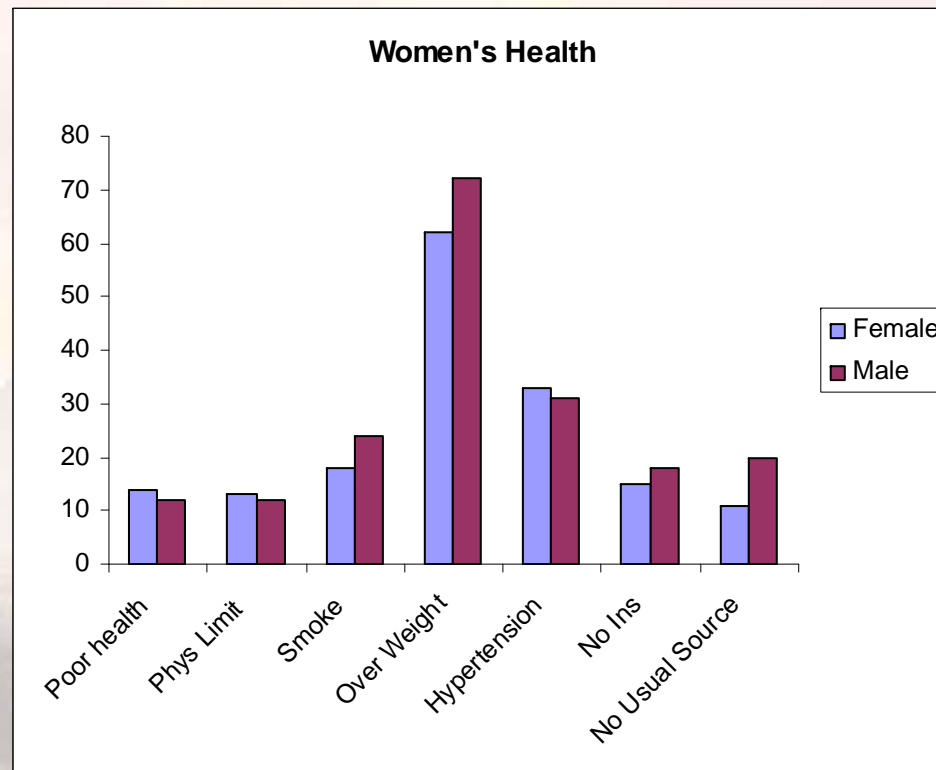


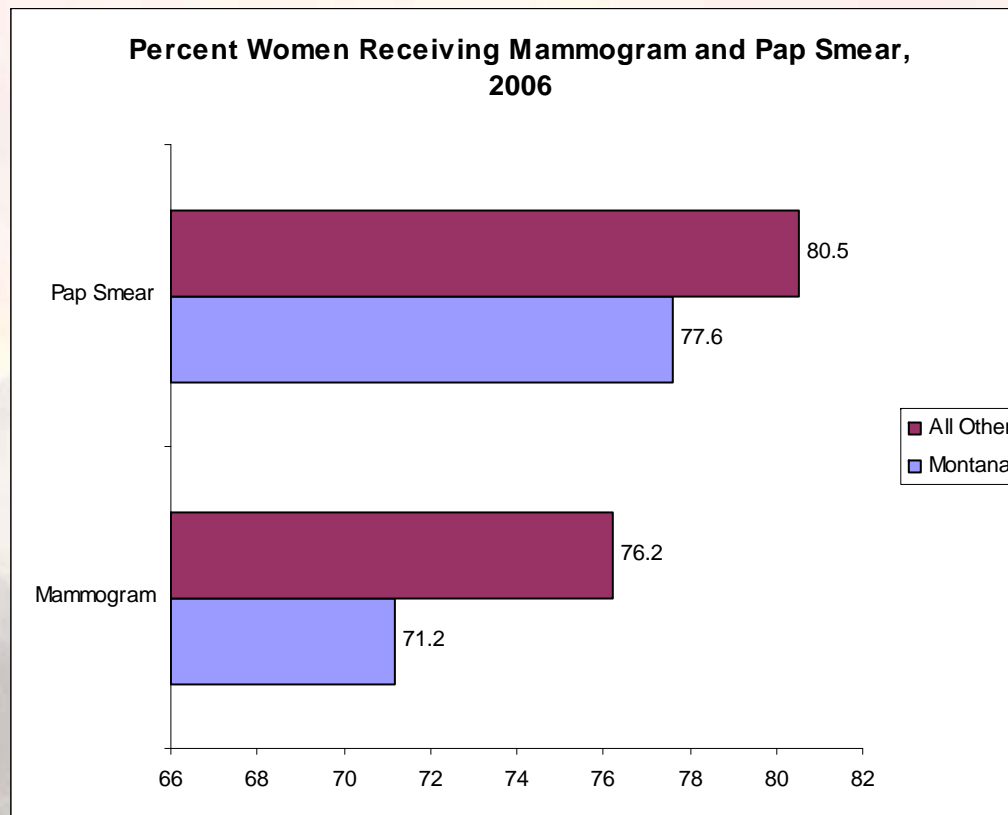
HPR 5: Percent Females 18-64 Uninsured, 2006

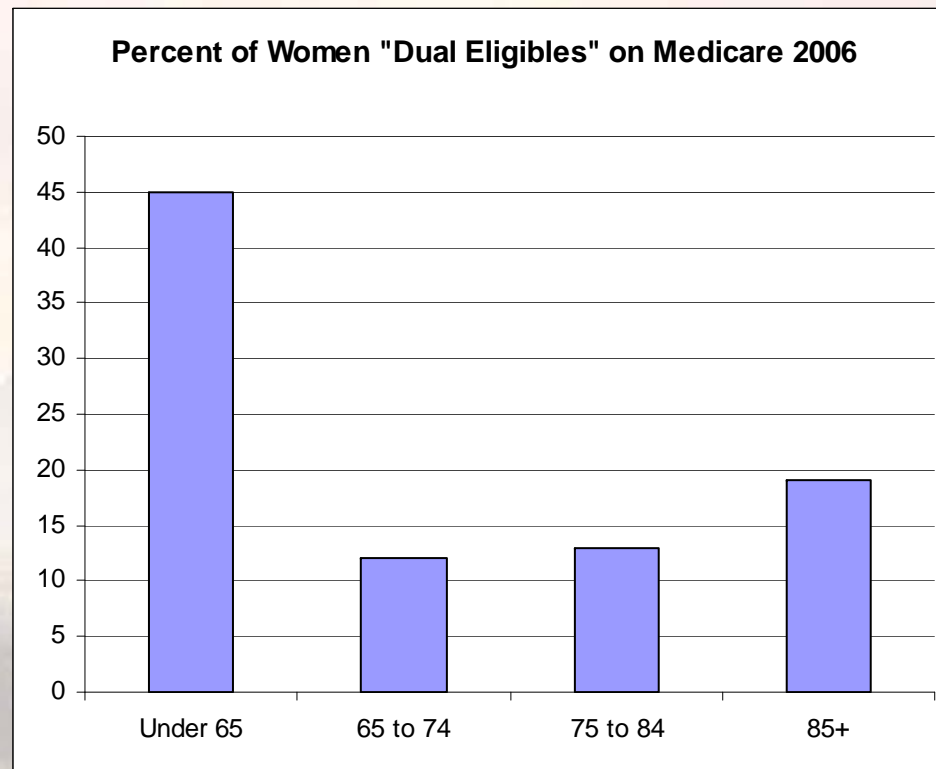


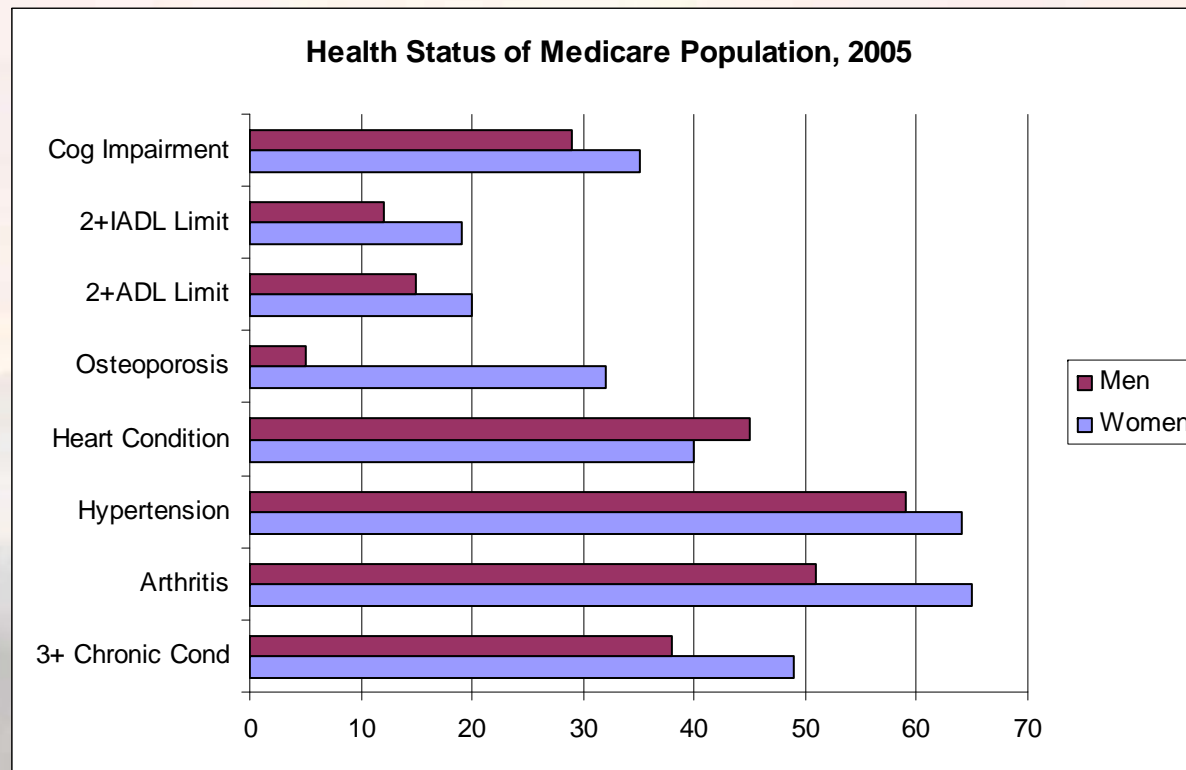












Access & Utilization



| Dimension | U.S. Average | All Women-MT | Wh Women-MT | All Minority -MT |
|-----------------|--------------|--------------|-------------|------------------|
| No health ins | 17.7 | 20.1 | 17.7 | 46.1 |
| No pers MD | 17.5 | 22.3 | 21.2 | 31.1 |
| No Checkup <2 | 15.9 | 20.2 | 20.4 | 19.6 |
| No Dental Visit | 28.7 | 32.1 | 31.4 | 39.1 |
| No MD Visit <1 | 17.5 | 17.8 | 16.8 | 27.8 |
| No Mamgm <2 | 25.5 | 30.6 | 30.5 | 32.0 |
| No Pap <3 | 13.2 | 14.4 | 14.6 | 12.5 |
| Late prenatal | 16.2 | 16.2 | 13.3 | 28.4 |

Social determinants



| Dimension | U.S. Average | All Women-MT | Wh Women-MT | All Minority-MT |
|----------------------|--------------|--------------|-------------|-----------------|
| Income < FPL | 16.4 | 16.9 | 14.9 | 38.8 |
| Median HH Inc | \$45,000 | \$39,807 | \$41,794 | \$16,200 |
| Gen wge gap | 69.2 | 69.1 | 70.3 | 52.6 |
| w/o HS Diploma | 12.4 | 7.7 | 6.2 | 23.7 |
| Female HH w Children | 22.1 | 21.1 | 19.8 | 31.9 |

Health status dimensions



| Dimension | U.S. Average | All Women-MT | Wh Women-MT | All Minority-MT |
|------------------|--------------|--------------|-------------|-----------------|
| Fair/poor health | 12.8 | 9.0 | 8.2 | 15.8 |
| Days not so good | 7.3 | 6.5 | 6.3 | 7.8 |
| Days limited | 3.5 | 3.0 | 2.8 | 4.1 |
| Diabetes | 4.2 | 3.0 | 2.4 | 8.4 |
| Cardio disease | 3.2 | 2.5 | 2.3 | 5.3 |
| Obesity | 22.7 | 17.7 | 16.5 | 28.1 |
| Current smoker | 21.9 | 23.2 | 21.8 | 35.7 |
| Cancer mort | 162.2 | 161.7 | 159.9 | 230.6 (AI) |
| births<2500g | 8.1 | 7.0 | 6.8 | 9.3 |
| >13 K6 scale | 15.7 | 16.2 | 15.8 | 19.6 |

Senate Bill: Section 3509 Improving Women's Health



- Office on Women's Health within...
 - DHHS
 - Coordinating Committee on Women's Health
 - National Women's Health Information Center
 - CDC
 - Health Resources and Services Administration
 - FDA
 - Agency for Health Care Research and Quality
- “appropriation of such sums as may be necessary for each fiscal year 2010-2014”

What Can We Expect?





**For health care related information,
research, and questions....**

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