



Women's Health Council of Rhode Island

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Council of RI

Raising the Grade in Women's Health

Michelle Berlin, MD, MPH
Vice Chair, Obstetrics & Gynecology
Associate Director, Center for Women's Health



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Overview



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- **About the Report Card**
- **Key Findings from 2010**
 - National
 - States
 - ? Effects of Health Reform
(Affordable Care Act)



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Making the Grade on Women's Health: A National and State-by-State Report Card

- **1990s**
 - Growing attention to women's health disparities & inequities
 - Data difficult to find
- **First Report Card released 2000**
 - 2010 Report Card: 5th Report



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 about the data itself?

- **Must be population-based data**
- **Available for each state**
- **Available by age, race, ethnicity**



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How to measure “success”?



Status Indicators: Measuring Success?

- **Benchmarks** many drawn from Healthy People 2010
- **Grades**
 - Indicate how close to meeting benchmark
 - Take into account if still have time to achieve benchmarks
- **Ranks** illustrate how state compares to other states



Grading of Status Indicators

- **S**atisfactory (**S**) – met benchmark
- **S**atisfactory **M**inus (**S -**)
- **U**nsatisfactory (**U**)
- **F**ail (**F**)



Evaluation of Policy Indicators

States are compared, but not graded

- **Meets Policy**
- **Limited Policy**
- **Weak Policy**
- **Minimal/Harmful Policy**

Indicators assess Nation and States



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- **26** health status indicators
- **68** policy indicators

4 categories:

- Women's access to health care services
- Addressing wellness and prevention
- Key health conditions, diseases and causes of death
- Living in a healthy community



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Findings: 2010 Report Card

National Performance: Health Status

- **National Grade: Unsatisfactory**
- **3** benchmarks met:
 - Women receiving mammograms
 - Colorectal screenings
 - Annual dental visits
- **23** benchmarks missed

State Performance: Health Status

■ Status Indicators Met by All States

Annual Dental Visits

Colorectal Cancer Screenings

Status Indicators Missed by All States

Health Insurance

Poverty

Obesity

Wage Gap

Pap Smears

Eating Five Fruits and Vegetables a Day

High Blood Pressure

Diabetes

Infant Mortality

Chlamydia

Life Expectancy

Health Status Varies by State

- *Top-Ranked:* Vermont, Massachusetts, Hawaii
- *Bottom-Ranked:* Mississippi, Louisiana, Arkansas

Status Indicator	Best	Worst
Coronary Heart Disease Death Rate (per 100,000 women)	60.9 (HI)	174.8 (DC)
Obesity (%)	19.4 (CO)	36.8 (MS)
Diabetes (%)	5 (AK)	12.9 (WV)



2010 Overall State Grades

Rhode Island

Connecticut

AK

HI

Key: S(0) S- (2) U (37) F (12) 1

State Performance: Policies to Improve Women's Health

- *Leading:* California, New Jersey, Massachusetts
- *Last:* Mississippi, Idaho, South Dakota

▪ **Policy Goals Met by All States**

Medicaid Coverage for Breast and
Cervical Cancer Treatment

Nutrition Education for Food
Stamp Recipients

**Policy Goals Met by Very Few
States**

Abortion Clinic Access Protected
(no states)

Gender Rating in All Group
Health Insurance (1 state)



Status Indicators:

Where Rhode Island Makes the Grade

- **Wellness Screening**
 - Mammograms
 - Colorectal Cancer
 - Cholesterol
- **Annual Dental Visits**

Status Indicators:



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Where Rhode Island Can Improve

- Women without health insurance
- Pap Smears
- Lung Cancer
- Life Expectancy
- Poverty & Wage Gap
- Heart Disease and Stroke
 - Leisure Time Physical Activity
 - Obesity
 - Eating 5 Fruits/Vegetables Daily
 - High Blood Pressure
 - Diabetes

Policy Indicators:



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Where Rhode Island Makes the Grade

- Medicaid Eligibility by Income (pregnant women; aged & disabled)
- Medicaid Prescription Number Limits & Co-Pays
- Diabetes-Related Services
- Smoking Cessation (Medicaid)
- Breast & Cervical Cancer care (& breast reconstructive surgery)
- Patient Protection in Clinical Trials & External Review
- STD/STI/HIV Education
- SSI State Supplement

Policy Indicators:



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Where Rhode Island Can Improve

- **No Policy or Harmful Policy:**
 - Presumptive Eligibility for Prenatal Care
 - Maternity Care
 - Maternal Mortality Review
 - Chlamydia Screening
 - Medicaid Spousal Impoverishment
 - Domestic Violence



Summary

- Importance of criteria for indicator selection and benchmarks
- Timely review and update
- Uses by health planners, health advocates, grant applicants, researchers, legislators



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And what about health reform?



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Health Reform: How May Affect Women?

“It’s personal for women.

After we pass this bill, being a woman will no longer be a pre-existing medical condition.”

Speaker Nancy Pelosi

March 21, 2010



The Promise of the Affordable Care Act

ACA addresses **two-thirds** of the *Report Card's* 68 health policies

Fully Addressed	Partially Addressed	Not Addressed
<ul style="list-style-type: none"> • Medicaid eligibility • Medicaid asset test • Insurance regulation (individual market) • Mental health parity • Patient protections in managed care • Preventive screening coverage 	<ul style="list-style-type: none"> • Contraceptive coverage • Medicaid Family Planning waiver • Diabetes-related services • Medicaid smoking cessation coverage • Sex education • Discrimination against domestic violence survivors 	<ul style="list-style-type: none"> • Pharmacy refusals • Reproductive health clinic access • Public funding for abortion • Family and medical leave • Minimum wage • Gun control (licensing, safe storage, concealed carry)

Health Insurance Reforms

The ACA bans practices that made health insurance inaccessible for many women.

HRC Policy Goal: Guarantee the accessibility of individual health plans

- Insurers must “guarantee issue” to all who apply and cannot use pre-existing condition exclusions

HRC Policy Goal: Prohibit private insurance companies from considering gender when determining health insurance premiums for individuals and groups of all sizes

- Insurers are prohibited from charging individuals and small groups more based on gender



Coverage for Specific Health Services

The ACA Requires Coverage for Many Important Health Services for Women.

HRC Policy Goal: Require private insurance companies to provide coverage for maternity care

- Small group and individual health plans must cover a set of “essential health benefits” e.g. maternity care, mental health care, prescription drugs (among others)

HRC Policy Goal: Require private insurers to cover annual Pap smears/Chlamydia screening/mammograms/bone density tests

- New health plans must cover recommended preventive services with no copayments or deductibles

Access to Reproductive Health Services

The ACA expands access to several reproductive health services for women, but imposes unnecessary requirements on abortion coverage.

HRC Policy Goal: Allow private insurers to cover abortion services without restrictions

- Private Exchange-based insurance plans may cover abortion but then must collect 2 payments from enrollees and segregate a portion of premiums

HRC Policy Goal: Expand coverage for family planning services through Medicaid

- States have the flexibility to expand family planning services without having to obtain a federal waiver

Other Improvements in the ACA

The ACA includes many other provisions that will improve the health and well-being of women and their families.

HRC Policy Goal: Protect against impoverishment for “community” spouses of nursing home residents under Medicaid

- States must extend spousal impoverishment protections to spouses of Medicaid home and community-based long-term care services

HRC Policy Goal: Provide adequate funding for tobacco prevention activities

- Funding for disease prevention/health promotion in areas of smoking cessation, proper nutrition, regular exercise, obesity reduction