2012 RI Women's Report Card: Socioeconomic Determinants of Health

GOAL: The Women's Health Council of RI continues to track metrics and report card data as well as advocate for research, analysis, and policy improvements for women's health. Check back often for more information at www.womenshealthcouncil.org

RACIAL AND ETHNIC HEALTH DISPARITIES

	RI Average	RI White	RI Black	RI Hispanic	US Average
Fair or Poor Health Status (2009)	9.30%	7.30%	12.30%	28.70%	12.80%
New AIDS Cases (per 100,000 women, 2009))	8.8	2.0	98.9	29.4	9.4
Living in Poverty (04-06)	15.20%	11.70%	22.20%	**37.10%**	16.40%
Median Household Income (04-06)	$48,835	$57,883	$27,562	$20,149	$45,000
No High School Diploma (04-06)	12.70%	7.70%	**25.60%**	44.30%	12.40%

Opportunity

-Create an understanding within the provider community about the multi-faceted nature of health and its relation to culture and discrimination.

-Require cultural competency training for primary care providers, hospital workers, and medical school students that addresses traditional health needs as well as pervasive barriers to a consistently healthy lifestyle.

*Red indicates that RI was the worst in the nation for that race/ethnicity

Women's Health Council of RI

COMMUNITY INDICATORS FOR RHODE ISLAND CORE CITIES*

Maternal Health Indicators, 2008

	Delayed Prenatal Care	Pre-Term Births Infants	Low Birth Weight	Infant Mortality Rate (per1000)	Teen Pregnancy Rate (per1000)
Central Falls	21.20%	12.10%	7.30%	9.5	121.3
Pawtucket	18.30%	11.90%	8.30%	7	80.8
Providence	22.90%	13.70%	9.30%	9.3	67.4
Woonsocket	17.40%	12.80%	10.30%	4.8	94.3
Remainder of State	11.70%	10.50%	7.20%	5.2	32.9

Opportunity

-Focus health interventions on the core cities of Rhode Island because where you live impacts your health.
-Link residents/patients in core cities to wellness opportunities.
-Promote the life course approach to health and reduce risk factors during gestation and early childhood that have a long-lasting impact on health.
-Provide access to comprehensive, high quality health care services

Sources: The Henry J. Kaiser Foundation, Putting Women's Health Care Disparities on the Map: Examining Racial and Ethnic Disparities at the State Level, June 2009
US Department of Health and Human Services. Office on Women's Health: Quick Health Data Online
2010 & 2012 Rhode Island KIDS COUNT Factbook
Maternal and Child Health Database, Rhode Island Department of Health.
• The Core Cities in Rhode Island are those in which 25% or more of the child population lived at or below the federal poverty line in 2010.

SOCIOECONOMIC INDICATORS, 2001-2010

Core City	Violent Crime*	Property Crime*	Total Crime*
Providence	6.84	47.2	54.03
Pawtucket	4.08	32.16	36.23
Central Falls	5.21	26.48	31.69
Woonsocket	4.32	28.77	33.09
Rhode Island	2.57	25.57	28.13

*All crime statistics shown are per 1,000 residents Source: http://www.neighborhoodscout.com/ri/crime/

CHILDREN UNDER 18 LIVING IN POVERTY

Core City	Percentage
Providence	40.5
Pawtucket	25.3
Central Falls	40.9
Woonsocket	31.8
Rest of RI	6.8

Source: 2010 & 2012 Rhode Island KIDS COUNT Factbook

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HEALTH AND SOCIOECONOMIC STATUS: What Is the Link?

Women in the United States today can benefit from high quality, innovative medical care and research. However, researchers now know that where women live, learn, work, and play throughout the lifespan can have a profound effect on their health—before they even visit a doctor's office. For example:

- Neighborhoods can affect girl's and women's health due to varying access to nutritious food, safe housing, effective schools, job opportunities, public resources, and good air and water quality.
- Female adults with lower educational attainment face poorer health outcomes, lower life expectancy, and worse health for their children.
- Lower socioeconomic status is associated with a higher risk for many diseases, including cardiovascular disease, arthritis, diabetes, chronic respiratory diseases, and cervical cancer, as well as for frequent mental distress.
- There is a proven biological and psychosocial connection between stress and cortisol.

The Women's Health Council of RI believes a woman's home, school, job, or neighborhood should not harm her health. As active and responsible members of our communities, we can spread awareness and spark progress for women who face circumstances that restrict their behaviors and make them vulnerable to shorter, sicker lives. If we increase equitable opportunities for women to be healthy, regardless of their income, education, or background, they can achieve their personal, optimal level of health.

This report card identifies key data that describe the health status of Rhode Island's women and the environments in which they live. From those data points, we offer recommendations and opportunities that can support all women in achieving healthier lives.

Source: Healthy People 2020, Social Determinants, http://www.healthypeople.gov/2020/LHI/socialDeterminants.aspx

Robert Wood Johnson Foundation. A New Way to Talk about the Social Determinants of Health. http://www.rwjf.org/files/research/vpmessageguide20101029.pdf

Robert Wood Johnson Foundation. Vulnerable Populations: What Shapes Health? 2012. Retrieved from: http://www.rwjf.org/vulnerablepopulations/product.jsp?id=72455

KEY: **Green** indicates that RI has met the goal for Healthy People 2020. **Red** indicates that RI has not yet met the goal. Data are current for RI's women in 2010 unless otherwise noted. A state ranking of 1 indicates better performance on an indicator.

HEALTH CARE ACCESS AND INTERACTIONS: Women should engage with the health care system regularly

Health Insurance and Health Care Interactions	RI%	US%	State Rank
Uninsured adults	9.8	14.9	12
One personal doctor	92.1	84.9	4
Routine exam in past 2 years	93.7	85.2	2
Saw dentist in past 12 months	77.9	70.1	5
Late or no prenatal care (2008)	1.9	3.6	3 (of 24)

Screening and Prevention

We should screen women ages 21-65 for cervical cancer every 3 years	RI%	US%	Goal
Pap smear in past 3 years, 18+	**83.1**	81.3	93.0

We should screen women ages 50-74 for breast cancer every 2 years	RI%	US%	Goal
Mammogram in past 2 years, 50+	**83.6**	77.9	81.1

We should begin screening for colorectal cancer at age 50	RI%	US%	Goal
Ever had a sigmoid/colonoscopy, 50+	**73.2**	67.0	70.5

All children and adults should have a yearly influenza vaccine Those 65+ should have a pneumococcal vaccine	RI%	US%	Goal
Flu shot in past 12 months	**50.6**	41.4	80.0
Pneumonia shot, 65+	**72.5**	69.6	90.0

Opportunity

Support knowledge of and access to recommended screening services and immunizations.

-Raise awareness in the community about the new provisions of the Affordable Care Act, which allow women to access preventive services (cervical exams, HIV testing, etc.) free of charge.

- Continue to reduce barriers to care by increasing hours of operation, providing child care, or addressing language and cultural factors.

Source: BRFSS 2010, http://www.uspreventiveservicestaskforce.org/uspstopics.htm#AZ, Centers for Disease Control and Prevention. Recommended adult immunization schedule—United States, 2012. MMWR 2012;61(4).

CHRONIC DISEASE: Women with lower socioeconomic status are at a higher risk

Adult Behavioral Risk Factors	RI %	US %	Goal
Currently smoke cigarettes	**14.3**	15.5	12.0
No quit smoking attempts (past year)	**40.0**	46.6	20.0
Not meeting recommended aerobic physical activity	**55.9**	52.7	52.1
Binge drinking	**11.5**	9.5	6.0

Chronic Conditions	RI %	US %	Goal
High blood pressure (2009)	**27.4**	28.3	26.9
Obesity (age 20+)	26.2	27.5	
Ever Had…	RI %	US %	State Rank
Asthma	19.1	15.1	48
Diabetes, non pregnancy-related	6.4	8.0	13
Diabetes, pregnancy-related	2.5	1.9	45
Angina or coronary heart disease	2.6	3.1	16
Heart attack	2.3	2.7	15
Stroke	2.0	2.7	12

Mental Health Indicators (Women 18+)	RI	US
Considered suicide 2008-2009*	**5.4%**	3.9%
Made suicide plans 2008-2009*	**1.6%**	1.0%
Attempted suicide 2008-2009*	**8%**	5%
Women suicide completions 2008, per 100,000, 2008**	**4.0**	4.8

Note the importance of looking at thoughts and planning behaviors as well as suicide attempts and completions.

Opportunity

-Promote active lifestyles by supporting policies to create safe environments in which residents can exercise.

-Screen women for chronic disease, as well as behavioral and mental health risk factors, during their primary care visits.

-Link women to chronic disease self-management programs, community-based chronic disease educators, and community health workers.

(BRFSS, 2010; YRBS, 2009; NVSS, 2007 *CDC/MMWR 2011,** RI Data for Violence and Injury, from discharge data.