

## Data Vignettes from the RI Women's Health Report Card

**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](http://www.womenshealthcouncil.org).

**SCREENING** has been effective in the traditional areas of Women's Health

Mandated coverage for cancer screening in women  
Nationally we rank high for screening:

### Screening NATIONAL RANK

|                   |                                   |
|-------------------|-----------------------------------|
| <b>BREAST</b>     | <b>5/50</b> for women 50 or older |
| <b>CERVICAL</b>   | <b>6/50</b>                       |
| <b>COLORECTAL</b> | <b>14/50</b>                      |

Mortality for these cancers in women is low compared to incidence

| Cancer            | Incidence<br>NATIONAL RANK | Mortality<br>NATIONAL RANK |
|-------------------|----------------------------|----------------------------|
| <b>BREAST</b>     | <b>47/50</b>               | <b>20/50</b>               |
| <b>CERVICAL</b>   | <b>18/50</b>               | N/A (very low numbers)     |
| <b>COLORECTAL</b> | <b>46/50</b>               | <b>17/50</b>               |

### Opportunity

Indicates that statewide efforts on advocacy, education and resource dissemination can lead to positive health outcomes

NOTE: All data reflect the state of women's health in Rhode Island

#### LEGEND

**Green** indicates improved health outcomes  
**Red** indicates poor health outcomes, and an opportunity for improved education and care

#### SOURCE

The RI Women's Health Report Card has been compiled by Council members from the following sources:

RIDOH, 2009, Top Ten Leading Causes of Burden of Disease  
[www.Statehealthfacts.org](http://www.Statehealthfacts.org)  
[www.CAHI.org](http://www.CAHI.org)  
[www.Statecancerprofiles.cancer.gov](http://www.Statecancerprofiles.cancer.gov)  
<http://hrc.nwlc.org/>

**LUNG CANCER AND COPD** have not been a traditional focus for Women's Health; RI women are doing poorly

|                    | Incidence<br>NATIONAL RANK | Mortality<br>NATIONAL RANK |
|--------------------|----------------------------|----------------------------|
| <b>LUNG CANCER</b> | <b>40/50</b>               | <b>33/50</b>               |

### Risk Factors

**Smoking** is related to 5 of the top 10 Diseases for Women in RI: Heart Disease, COPD (Chronic Obstructive Pulmonary Disease), Cerebral Vascular Disease, Trachea/Bronchus/Lung Cancer, Breast Cancer

Women are attempting to stop smoking but **smoking** rates are still high

|                        | PERCENT      | NATIONAL RANK |
|------------------------|--------------|---------------|
| <b>ATTEMPT TO QUIT</b> | <b>66.4%</b> | <b>5/50</b>   |
| <b>SMOKE</b>           | <b>16.8%</b> | <b>28/50</b>  |

*No coverage for nicotine replacement therapy in RI may hurt efforts to decrease disease*

### Opportunity

Give women the resources to be successful in their efforts to stop smoking

*Pay for nicotine replacement therapy*

*Publicly educate women about the available resources*

*Have providers disseminate information on resources to stop smoking (see complete list at [www.womenshealthcouncil.org](http://www.womenshealthcouncil.org))*

Implement a statewide approach to research into the effectiveness of different programs and new ways to change behavior

Implement policy changes among payors for stronger incentives for women to change behaviors

**HEART DISEASE**, the leading cause of death among women, has poor outcomes suggesting a need for greater attention

**HEART/CV DISEASE: 24.4%** of all causes of disease/injury

|                      | Incidence<br>NATIONAL RANK | Deaths<br>PER 100,000 |
|----------------------|----------------------------|-----------------------|
| <b>HEART DISEASE</b> | <b>31/50</b>               | <b>165.4</b>          |

### Risk Factors

|                                      | PERCENT       | NATIONAL RANK |
|--------------------------------------|---------------|---------------|
| <b>HIGH BLOOD PRESSURE</b>           | <b>27.5%*</b> | <b>30/50</b>  |
| <b>SMOKING</b> high in RI            | <b>16.8%</b>  | <b>28/50</b>  |
| <b>OVERWEIGHT/OBESITY</b> high in RI | <b>54%</b>    |               |

\* EVER DIAGNOSED

### Opportunity

Implement statewide intervention to address these contributory factors

Enhance research to identify ways to further modify behavior patterns

Tie postpartum visit to primary care to catch issues early and increase patient awareness



**Women's Health  
Council of RI**