

The Future of Women's Health: Using Data and Research to Shape Policy and Programs

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Community Dialogue

Using Data to Make a Difference in Women's Health

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What do we mean when we say “women’s health?”

Health conditions that:

- are specific to women,
- are more common or more serious in women,
- have distinct causes or manifestations in women,
- have different outcomes or treatments in women, or
- have high morbidity or mortality in women.

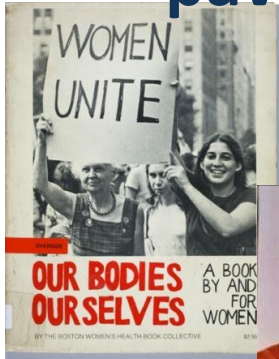
Women's health research has come a long way...



Not really...
Women were purposefully and systematically excluded from clinical research thus no appreciation for sex differences

Figure 4

A little history...changes in society and research have paved the way for women's health



Title X enacted: First 1st federal family planning program



1977
FDA bans "Women of childbearing potential" participating in clinical research (after thalidomide and DES tragedies)



1983: 1st lesbian TV character in "All My Children"



1985

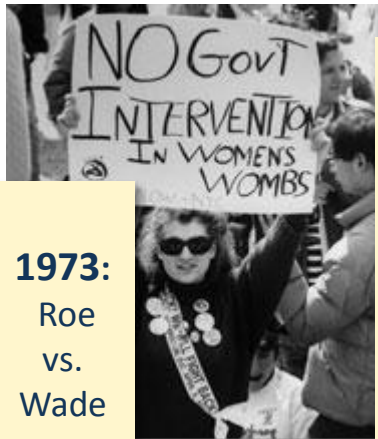


1970

1975

1980

1972: Griswold v Conn. Strikes down state laws prohibiting contraception distribution to unmarried people



1973: Roe vs. Wade

1978: Pregnancy Discrimination Act enacted: bans workplace discrimination based on pregnancy



1982: NSFG: includes all women of reproductive age, not just married women...

1985: 1st Public Health Service Task Force Report on Women's Health issues

Figure 5

The importance of research in shaping policy continues to grow...

1991: HHS establishes Office on Women's Health



NIH launches Women's Health Initiative

1994: First Offices of Women's Health established at CDC and FDA

1997: EPICC first introduced

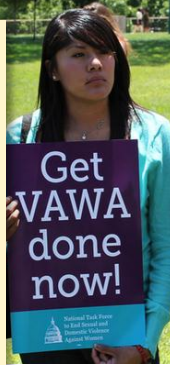


2000: Empowerment of women established as a UN Millennium Goal

2003: "Partial Birth" Abortion Act

2009: Obama establishes Council for Women and Girls

2011: IOM report on The Health of LGBT People



1990: Dr. Antonia Novello first woman Surgeon General



1993: NIH Revitalization Act: requires inclusion of women in clinical research and analysis of results by sex

Family Medical Leave Act: unpaid family leave



1998: FDA approves Plan B, the first emergency contraceptive

2002: WHI arm terminated due higher breast cancer risk, lack of benefit

2006: FDA Approves behind the counter access to Emergency Contraception, and HPV Vaccine

2010: ACA signed into law

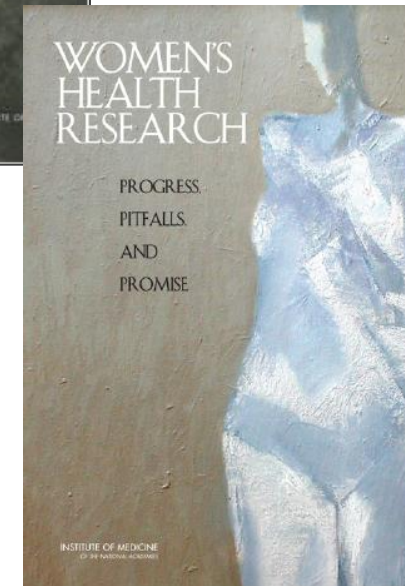


2012: Private plans must cover contraception, breastfeeding support, IPV screening



So why do we still need to focus on women's health?

- Sex matters! Different manifestation of disease and response to treatment
- Gender matters too!
 - Society
 - Economics
 - Work
 - Family roles and responsibilities
- Women have distinct health needs and health system use
- Raising the bar: Policy now requires “evidence”



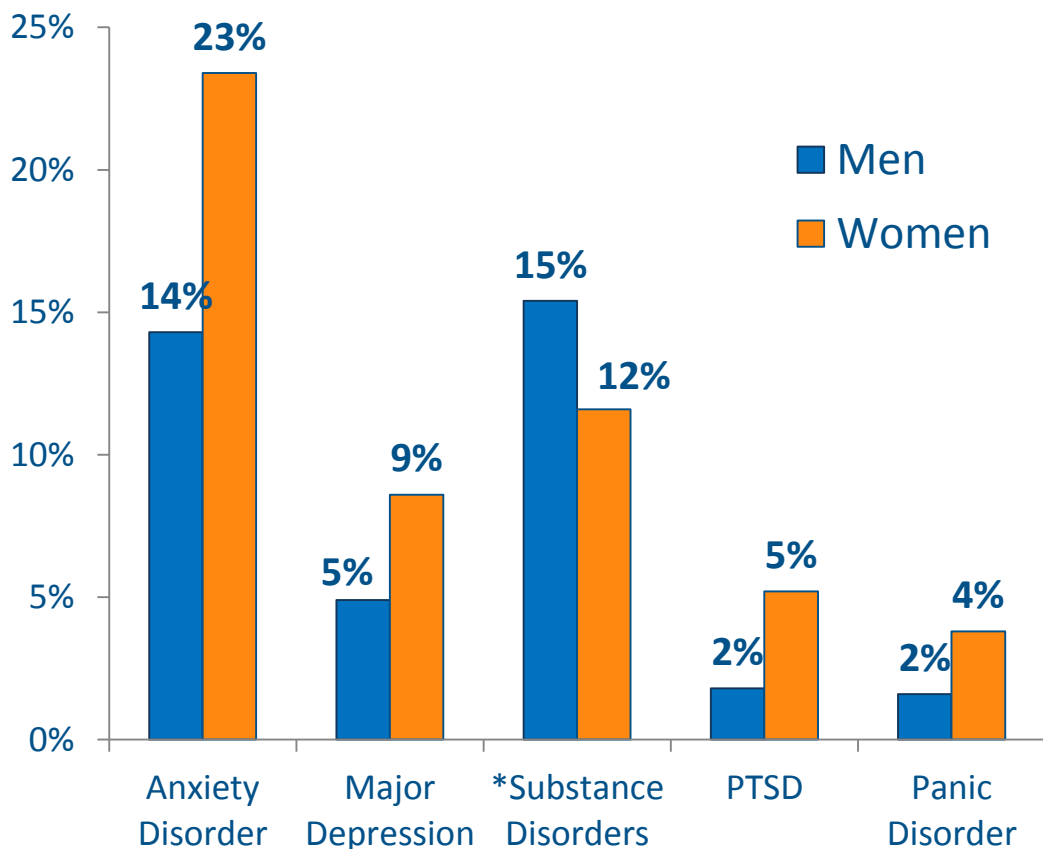
What are some of the challenges in data collection and analysis?

- COST \$\$\$
- Asking the right questions
- Establishing mechanisms to collect the data
- Collecting the right data
- Finding the right tools to analyze the data
- Taking the time to analyze and report the data
- Changing policy and practice is not easy, but increasingly requires an evidence base

Figure 8

Mental Health: Men and women have different challenges and different experiences

12 month prevalence of disorders by sex:



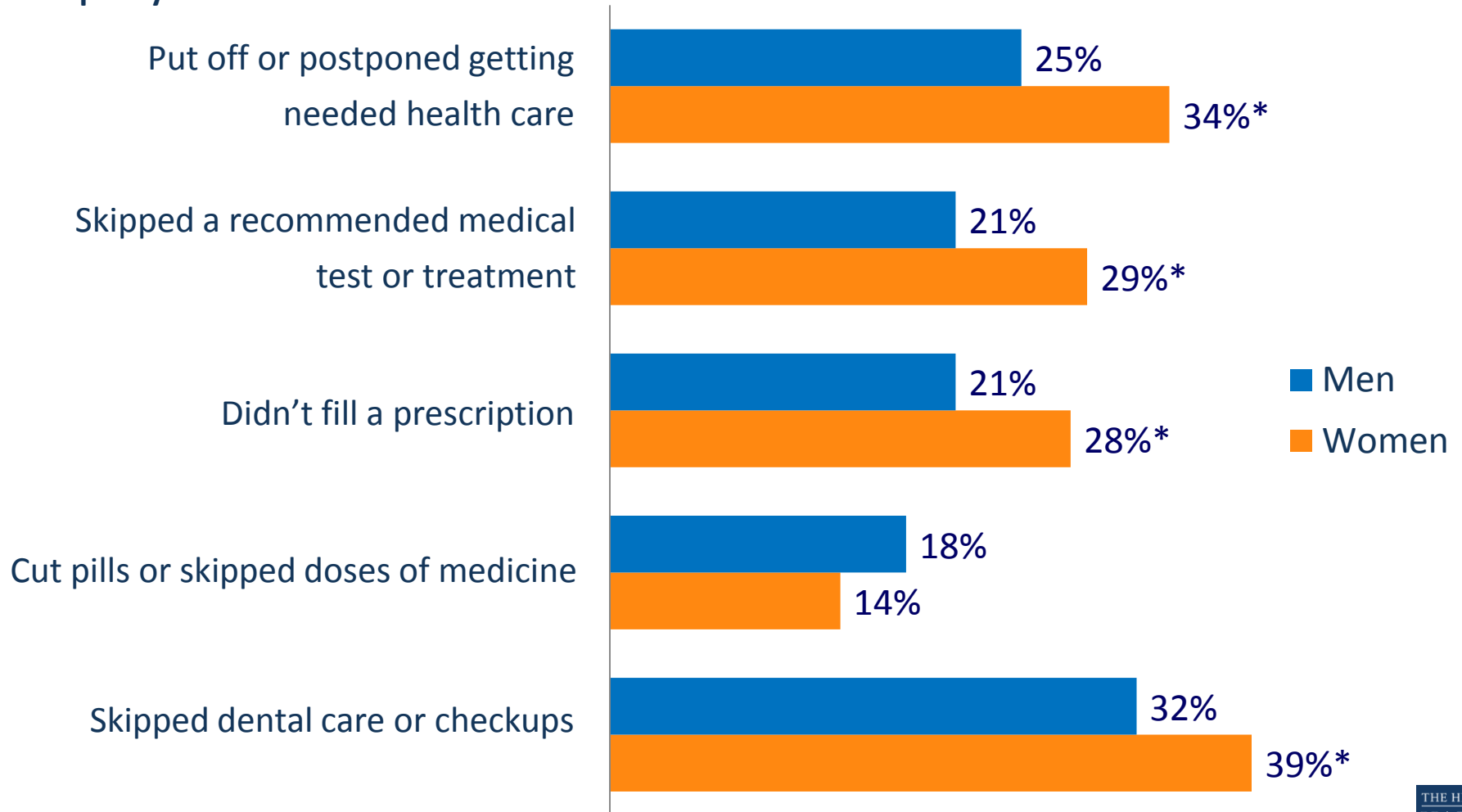
- **Eating Disorders:** Women three times as likely to have anorexia and bulimia
- **Pregnancy-related depression:**
 - 60-80% of new mothers have “baby blues”
 - 1 in 10 have serious post-partum depression
- **Suicide:** Women are two to three times more likely to attempt suicide, but men die more often.

NOTE: *Substance Disorders includes nicotine addiction.
SOURCE: Comorbidity Survey Replication, updated 2012.

Figure 9

Women are more likely than men to experience cost related barriers to care

Percentage of men and women who say they or a family member have done each of the following in the past year because of COST:



NOTE: *Indicates statistical significance at the 95% level.

SOURCE: Kaiser Health Tracking Poll: (May 2012).

Figure 10

Poorer women shoulder a greater burden of illness

Percent of women reporting that they were diagnosed with the following conditions by a physician in the last 5 years:

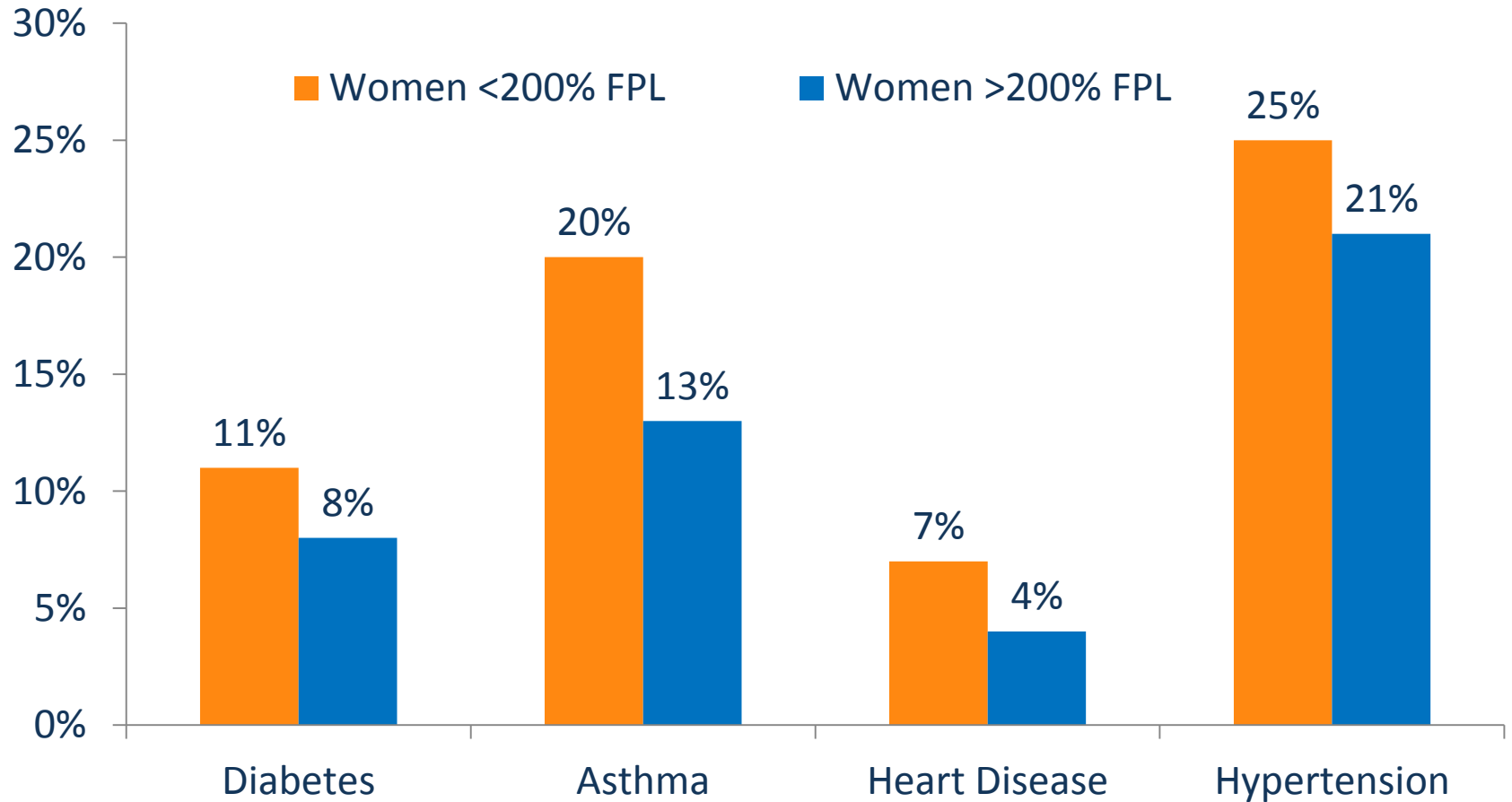
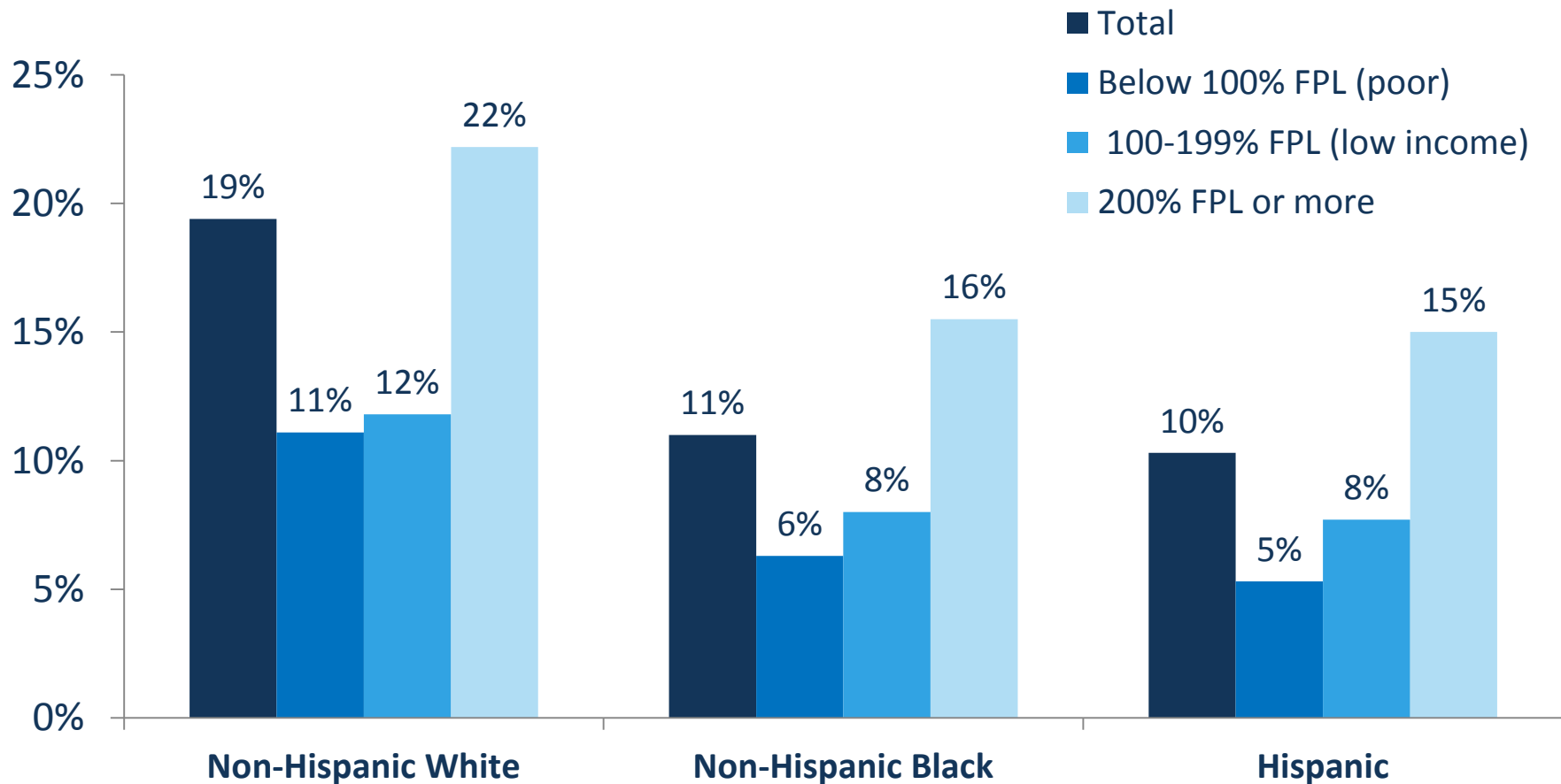


Figure 11

Race/ethnicity and income also shape health

Women ages 18-65 who met physical activity recommendations* in 2009-2011, by race/ethnicity and poverty status



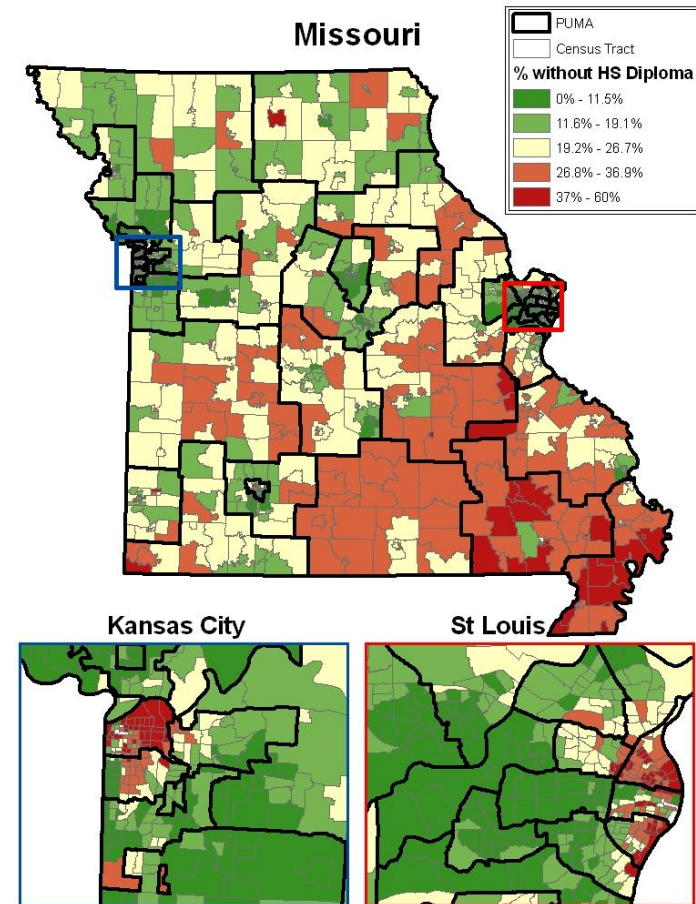
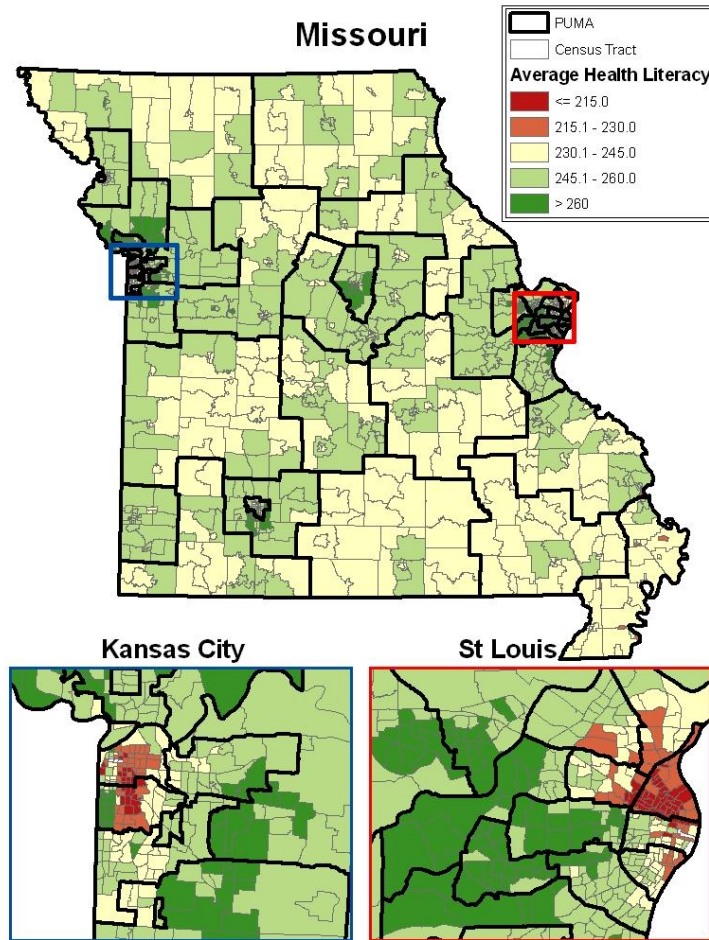
NOTE: *Met guidelines for aerobic & muscle strengthening activity according to 2008 guidelines.

FPL in 2011 was \$18,530 for a family of three.

SOURCE: Center for Disease Control and Prevention, National Center for Health Statistics, National Health Interview Survey, Health Data Interactive.

Figure 12

Identifying challenges at the community level is now possible



Health Literacy

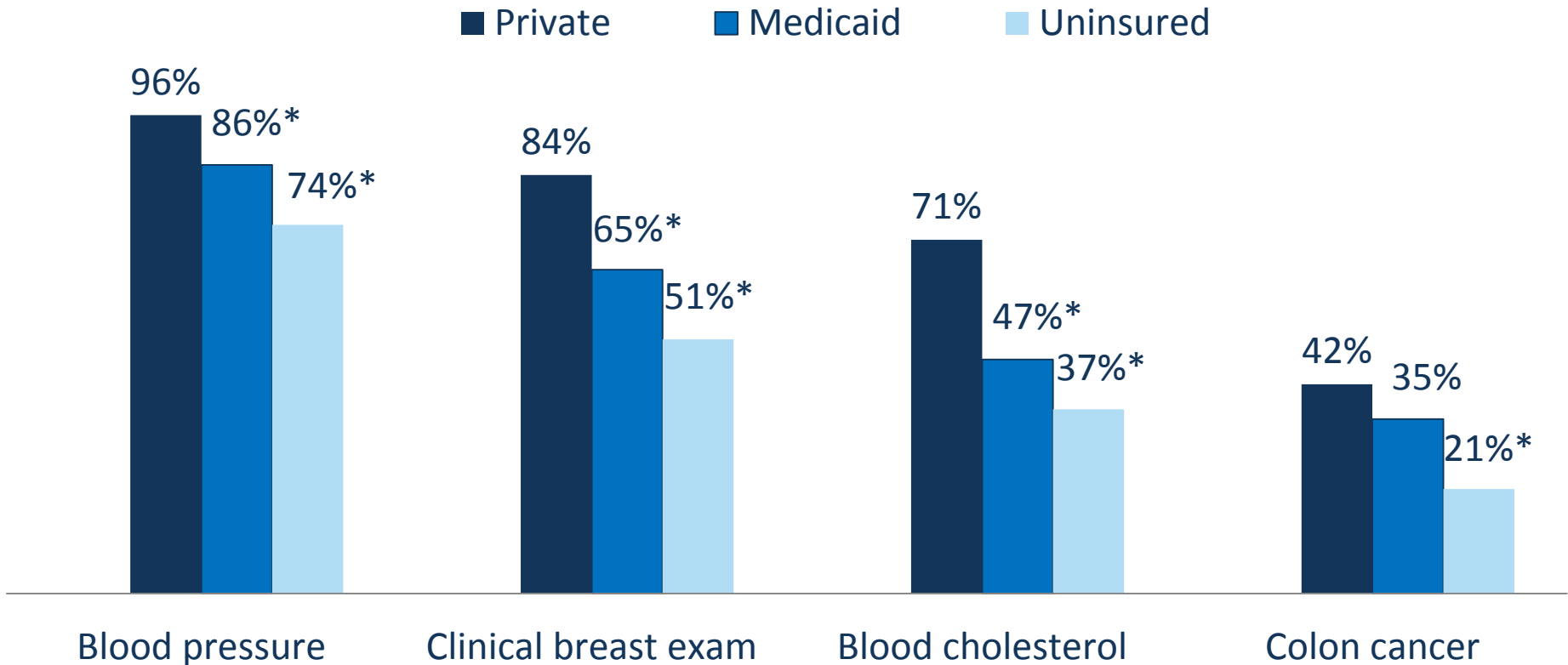
No High School Diploma

SOURCE: Chloe Bird, 2013. Gender and Equity Analysis in Health Services Research: Assessing and Addressing Disparities in Health and Healthcare, AcademyHealth, Baltimore, MD.

Figure 13

Insurance coverage makes a difference and facilitates access to care

Percent of women reporting they have received screening test in past two years:



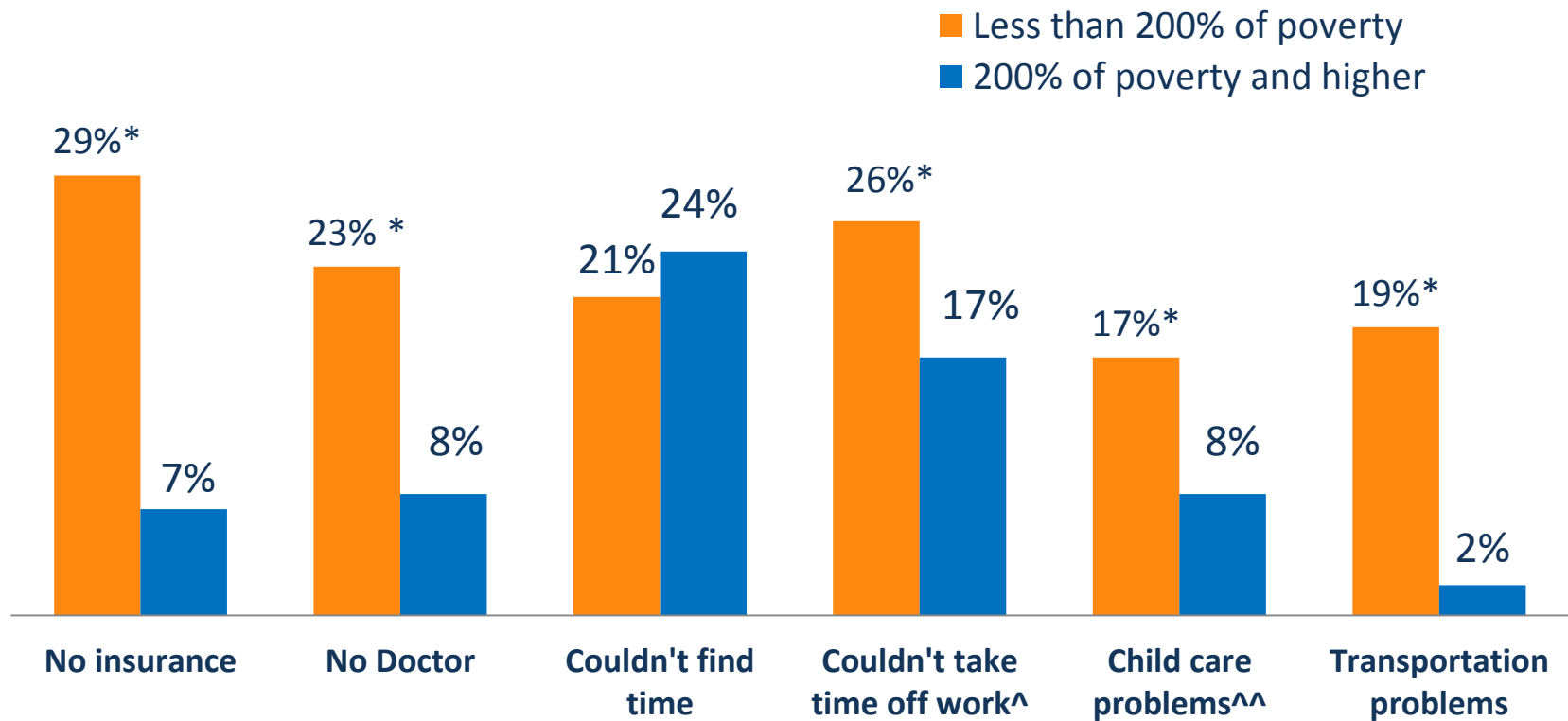
NOTE: Colon cancer screening among women 50 and older; *Significantly different from private, $p < .05$.

SOURCE: Kaiser Family Foundation, 2008 Kaiser Women's Health Survey.

Figure 14

There are many barriers to care for women, but barriers are greatest among those with the fewest resources

Percent reporting they delayed or went without care they thought was needed in past 12 months due to:



NOTE: 200% of the federal poverty threshold was \$35,200 for a family of three in 2008. *Significantly different ($p < .05$)

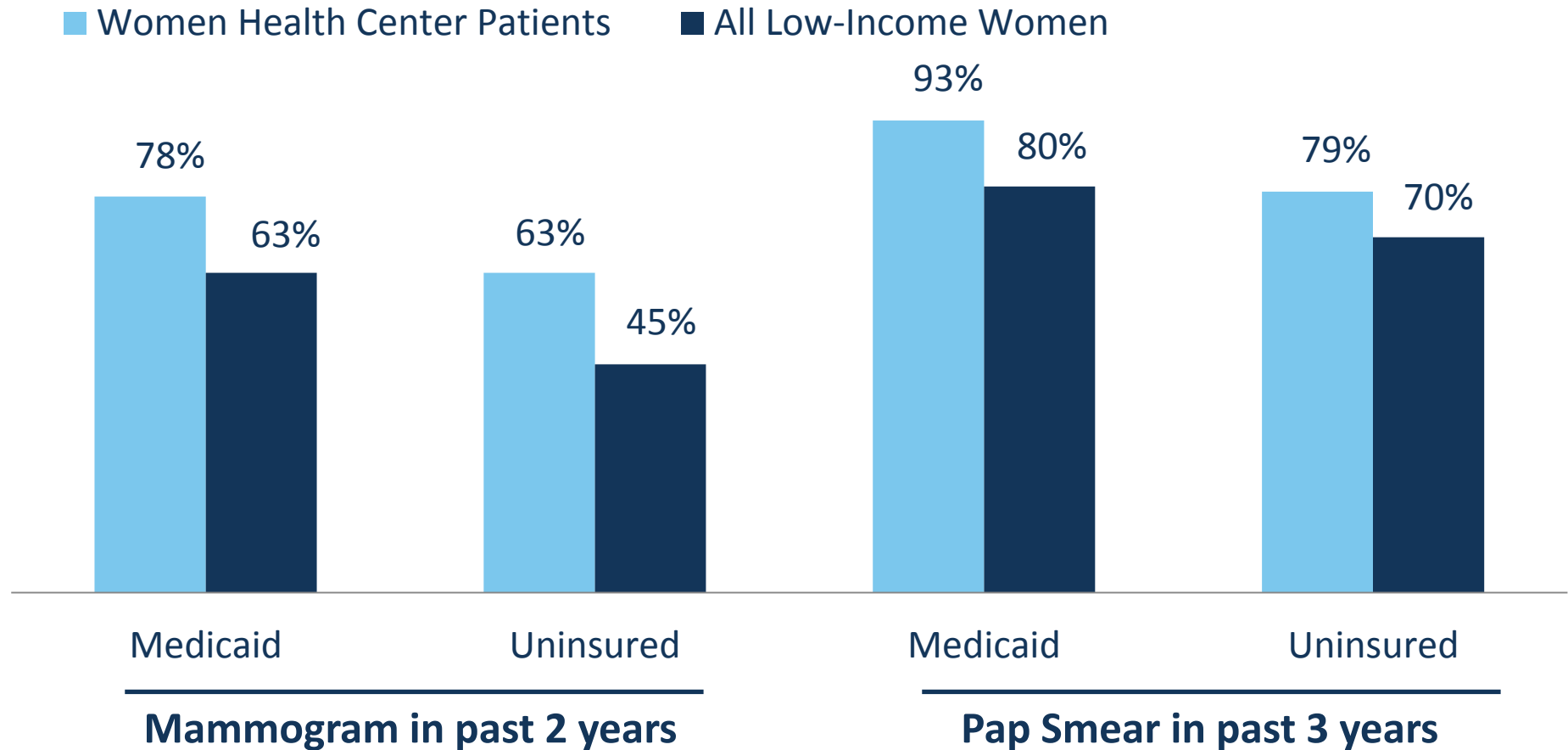
[^]Among women who are employed. ^{^^} Among women with children younger than 18 years living in household.

SOURCE: Henry J. Kaiser Foundation, 2008 Kaiser Women's Health Survey.

Figure 15

Site of care can make a difference for women

Percent of women reporting they have received screening test:

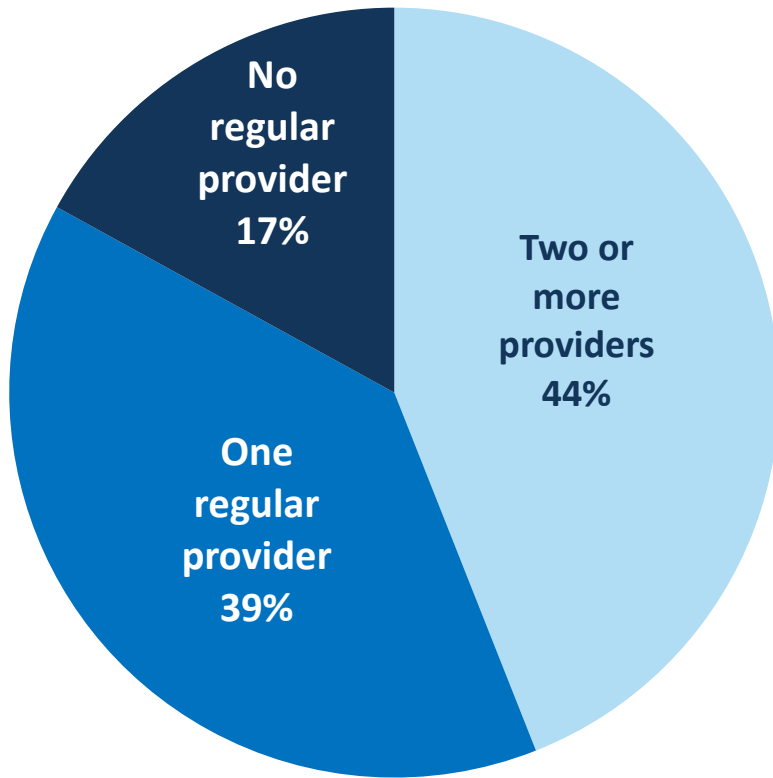


NOTE: Mammography among women 50 and older;

SOURCE: National Association of Community Health Centers, *A Sketch of Community Health Centers*, 2012.

What does “medical/health home” mean for women?

Share of women reporting they have:

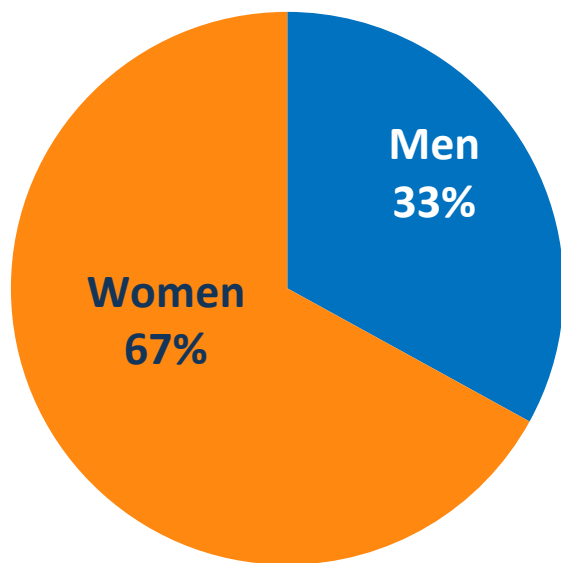


- **17% of women lack a regular provider**
- **More than four in ten (44%) women report that they rely on two providers**
 - For many women of reproductive age one is an Ob/Gyn
 - In middle age, women increasingly rely on other specialties

Figure 17

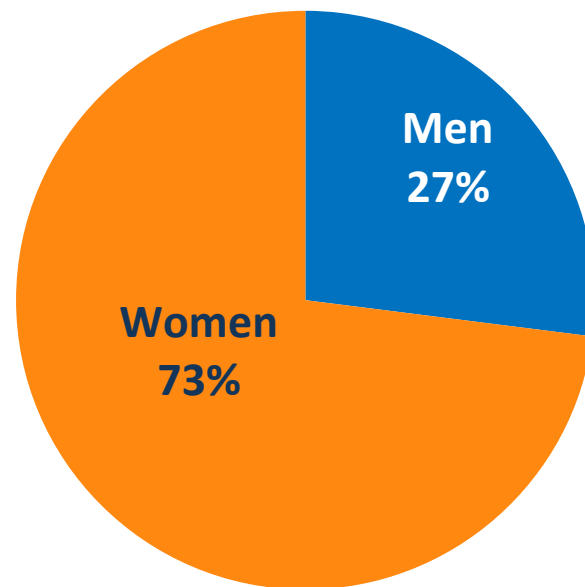
Most recipients of long-term services and supports are women, but is care designed in a way that is gender sensitive?

Home Health Users



Total in 2008 =
2.5 million

Nursing Home Residents



Total in 2008 =
1.5 million

SOURCE: Kaiser Family Foundation analysis of Medicare Current Beneficiary Survey; Kaiser Commission on Medicaid and the Uninsured estimates based on CMS National Health Accounts data, 2009.

So why are there still so many gaps in gender-based research?

- Assumption there are no differences beyond reproductive care
- Many believe that “controlling for sex” is sufficient; and do not conduct “sex stratified analysis”
- Lack of understanding of the influence of “gender” on use of the health care system and provider responses to women as patients
- Even less appreciation of the intersectionality between gender, race, and poverty
- Sample size? Is this an issue for gender?
- Not all funders require it (no requirement for AHRQ or private funders)
- Journals don’t demand it...but women (and men) should!!!

Looking Forward: Gender-based research will be essential to inform and strengthen ACA and health care delivery

- Reporting will be key: New standards for collecting and reporting data on race, ethnicity, sex, primary language and disability status, and LGBT populations.
- Monitoring and oversight are critical: New sources of data at local, state and national levels will also need to be sensitive to women's concerns
- Asking the right questions is more important than ever
- New models of care will need to consider how best to serve women:
 - Accountable Care Organizations
 - Medical/Health Home
 - Medicare/Medicaid Dual Eligibles