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

- Job Based-Own Name: 38%
- Job Based-Dependent: 25%
- Uninsured: 18%
- Medicaid: 10%
- Individual: 6%
- Other Gov: 3%

Total: 100%
Health Care Expenses of Adults 18+, by Sex and Source of Payment, 2006

Males
- Private Insurance: 39.3%
- Out-of-Pocket: 18.1%
- Medicaid: 5.7%
- Medicare: 26.6%
- Other: 10.4%

Females
- Private Insurance: 41.8%
- Out-of-Pocket: 19.3%
- Medicaid: 8.1%
- Medicare: 25.5%
- Other: 5.3%
Percent Women 18-64 Uninsured

- Poor: 41%
- Latina: 37%
- < High School: 37%
- Foreign Born: 33%
- Native American: 31%
- Near Poor: 31%
- 19 to 24 years: 28%
- Single Parent: 26%
HPR 1: Percent Females 18-64 Uninsured, 2006

% Uninsured

Dawson  Custer  Rosebud  Richland  Roosevelt  Valley  McCone  Fallon  Sheridan  Phillips  Prairie  Wibaux  Carter  Powder River  Treasure  Daniels  Garfield
HPR 3: Percent Females 18-64 Uninsured, 2006

% Uninsured

Yellowstone  Big Horn  Stillwater  Fergus  Wheatland  Golden Valley  Carbon  Sweet Grass  Musselshell  Judith Basin  Petroleum
HPR 4: Percent Females 18-64 Uninsured, 2006

% Uninsured

Deer Lodge  Lewis & Clark  Silver Bow  Powell  Jefferson  Beaverhead  Park  Broadwater  Gallatin  Madison  Meagher  Granite
Problems Accessing Medical Care, by Gender (2007)
Percent Women Receiving Mammogram and Pap Smear, 2006

- **Mammogram**:
  - All Other: 76.2
  - Montana: 71.2

- **Pap Smear**:
  - All Other: 80.5
  - Montana: 77.6
Health Status of Medicare Population, 2005

- Cog Impairment
- 2+IADL Limit
- 2+ADL Limit
- Osteoporosis
- Heart Condition
- Hypertension
- Arthritis
- 3+ Chronic Cond

Men | Women
--- | ---
Cog Impairment | 30 | 40
2+IADL Limit | 20 | 25
2+ADL Limit | 15 | 20
Osteoporosis | 10 | 15
Heart Condition | 45 | 50
Hypertension | 60 | 65
Arthritis | 55 | 60
3+ Chronic Cond | 40 | 50

Legend:
- Red: Men
- Blue: Women
## Access & Utilization

<table>
<thead>
<tr>
<th>Dimension</th>
<th>U.S. Average</th>
<th>All Women-MT</th>
<th>Wh Women-MT</th>
<th>All Minority –MT</th>
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<tbody>
<tr>
<td>No health ins</td>
<td>17.7</td>
<td>20.1</td>
<td>17.7</td>
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<tr>
<td>No pers MD</td>
<td>17.5</td>
<td>22.3</td>
<td>21.2</td>
<td>31.1</td>
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<tr>
<td>No Checkup &lt;2</td>
<td>15.9</td>
<td>20.2</td>
<td>20.4</td>
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<td>No Dental Visit</td>
<td>28.7</td>
<td>32.1</td>
<td>31.4</td>
<td>39.1</td>
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<td>No MD Visit &lt;1</td>
<td>17.5</td>
<td>17.8</td>
<td>16.8</td>
<td>27.8</td>
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<tr>
<td>No Mamgm &lt;2</td>
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<td>30.6</td>
<td>30.5</td>
<td>32.0</td>
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<td>13.2</td>
<td>14.4</td>
<td>14.6</td>
<td>12.5</td>
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<tr>
<td>Late prenatal</td>
<td>16.2</td>
<td>16.2</td>
<td>13.3</td>
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## Social determinants

<table>
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<tr>
<th>Dimension</th>
<th>U.S. Average</th>
<th>All Women-MT</th>
<th>Wh Women-MT</th>
<th>All Minority-MT</th>
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<tbody>
<tr>
<td>Income &lt; FPL</td>
<td>16.4</td>
<td>16.9</td>
<td>14.9</td>
<td>38.8</td>
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<tr>
<td>Median HH Inc</td>
<td>$45,000</td>
<td>$39,807</td>
<td>$41,794</td>
<td>$16,200</td>
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<tr>
<td>Gen wge gap</td>
<td>69.2</td>
<td>69.1</td>
<td>70.3</td>
<td>52.6</td>
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<tr>
<td>w/o HS Diploma</td>
<td>12.4</td>
<td>7.7</td>
<td>6.2</td>
<td>23.7</td>
</tr>
<tr>
<td>Female HH w Children</td>
<td>22.1</td>
<td>21.1</td>
<td>19.8</td>
<td>31.9</td>
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# Health status dimensions

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