PREVENTION & WELLNESS STATISTICS

Background: Women are often not receiving the preventive or chronic care management services they need to stay healthy. This is especially true for minority women and women with disabilities. One significant barrier has been cost-sharing associated with preventive services. There also has been insufficient attention to community prevention initiatives. In addition, the American health care system has historically undervalued primary care. This has resulted in a shortage of primary care providers and less attention to the types of services that help patients get and stay healthy.

ACA RELEVANCE	FACT	SOURCE
The Affordable Care Act takes critical steps towards re-focusing our health care system on wellness and health promotion, including: *-No-cost preventive services in private market and Medicare* *-Women's Health Amendment* *-Medicaid eligibility option for family planning services* *-Prevention Trust Fund (including Community Transformation Grants and workforce/infrastructure investments)* *-National Prevention Strategy* *-Increased funding for Community Heahlt Centers and the National Health Service Corps* *-Increased Medicare reimbursement for primary care services* *-Medicaid health homes* *-Grants for community health teams, collaborative care networks, and primary care extension centers* *-CMMI Initiatives*	In recent years, mammography rates have plateaued. Critical gaps in screening remain for certain racial/ethnic groups and lower socioeconomic groups, and for the uninsured. For 2008, overall, age-adjusted, up-to-date mammography prevalence for U.S. women aged 50--74 years was 81.1%, compared with 81.5% in 2006. Among the lowest prevalences reported were those by women aged 50--59 years (79.9%), persons who did not finish high school (72.6%), American Indian/Alaska Natives (70.4%), those with annual household income <$15,000 (69.4%), and those without health insurance (56.3%). Highest mammography prevalence was among residents of the northeastern United States.	http://www.cdc.gov/mmwr/preview/mmwrhtml/mm5926a4.htm?s_cid=mm5926a4_w
	In 2005, Black and Asian women are less likely than White women to have had a mammogram in the past two years (64.3% and 54% compared to 67.3%). Additionally, the mammography rate for poor women was only two thirds of that for high income women.	Agency for Heatlhcare Research and Quality. (2009). National Healthcare Disparities Report.
	5-year breast cancer survival rate in 2008 was 69 percent for black women, compared with 85 percent for white women.	Agency for Healthcare Research and Quality. (2010, December). Health Care for Minority Women: Recent Findings. Program Brief(AHRQ Pub. No. 11-P005). Rockville, MD.
	Women with a disability were less likely than those without to report receiving a mammogram during the past 2 years (72.2% vs. 77.8%; p < .001). However, disparities in breast cancer screening were more pronounced at the state level. Furthermore, women with a disability were less likely than those without a disability to report receiving a Pap test during the past 3 years (78.9% vs. 83.4%; p < .001).	Armour BS, Thierry JM, Wolf LA. State-level differences in breast and cervical cancer screening by disability status: United States, 2008. Womens Health Issues. 2009 Nov-Dec;19(6):406-14. http://www.ncbi.nlm.nih.gov/pubmed/19879454

ACA RELEVANCE	FACT	SOURCE
	In all age groups, women with a family income of ≥200% of the poverty level were more likely to have had a Pap test in the preceding 3 years than those who were poor (income <100% of poverty) or near poor (income 100% to <200% of poverty). Women who were poor or near poor were equally likely to have had a Pap test in the preceding 3 years, in all age groups. Women aged ≥65 years were less likely to have had a Pap test in the preceding 3 years than were younger women, regardless of poverty status.	http://www.cdc.gov/mmwr/preview/mmwrhtml/mm5914a4.htm
	It is important to get tested for cervical cancer because 6 out of 10 cervical cancers occur in women who have never received a Pap test or have not been tested in the past five years.	http://www.cdc.gov/cancer/cervical/pdf/cervical_facts.pdf
	Although deaths from cervical cancer have declined substantially over the past 30 years, the cervical cancer death rate for black women continues to be more than twice that of white women.	http://www.ahrq.gov/research/cancerwom.htm
	Cervical cancer measures include a preventive care process measure of Pap smear use that has worsened over time. From 1999 to 2008, the percentage of women age 18 and over who received a Pap smear in the last 3 years decreased from 80.8 to 75.6 percent.	http://www.ahrq.gov/qual/nhqrwomen/nhqrwomen.htm
	Women age 50 and older are somewhat more likely than men to have obtained an influenza immunization in the last year (53 percent compared to 49 percent) but the shares of women and men age 65 and older having ever received a pneumococcal immunization were similar.	Flegal, K.M., Carroll, M.D., Ogden, C.L., and Curtin, L.R., "Prevalence and Trends in Obesity among U.S. Adults, 1999-2008," Journal of the American Medical Association 303, no. 3 (January 13, 2010) http://jama.ama-assn.org/content/303/3/235.full.pdf+html. (Via WOMEN IN AMERICA: Indicators of Social and Economic Well-Being, http://www.whitehouse.gov/sites/default/files/rss_viewer/Women_in_America.pdf)

ACA RELEVANCE	FACT	SOURCE
	Older women are much less likely than older men to receive a number of preventive tests, have their blood pressured under control, or receive aspirin or a betablocker upon hospital admission or discharge for heart attack.	Agency for Healthcare Research and Quality. (2010, December). Health Care for Minority Women: Recent Findings. Program Brief(AHRQ Pub. No. 11-P005). Rockville, MD. [Source: Kosiak, Sangl, and Correa-de-Araujo, Women's Health Issues 16(2):89-99, 2006 (AHRQ Publication No. 06-R046)* (Intramural).]
	Black women are much more likely to die of heart disease and stroke than white women. Coronary heart disease and stroke are not only leading causes of death in the U.S., but also account for the largest proportion of inequality in life expectancy between whites and blacks, despite the existence of low-cost, highly effective preventive treatment.	http://www.cdc.gov/mmwr/preview/ind2011_su.html
	Researchers used data from three nationally representative surveys to examine the quality of care received by women with diabetes and the impact of socioeconomic factors on receipt of clinical preventive services and screening for diabetes-related conditions. They found that use of diabetes-specific preventive care among women is low, and that women aged 45 and younger and those with low educational levels were the least likely to receive recommended services. Also, women with diabetes were less likely than other women to receive a Pap smear, and those who were poor and minority were less likely than more affluent and white women to receive the pneumonia vaccine.	Owens, Beckles, Ho, et al., J Women's Health 17(9):1415-1423, 2008 (AHRQ Publication No. 09-R018)* (Intramural). (Via http://www.ahrq.gov/research/womheart.htm)
	Approximately 11.5 million women—10.2% of all women ages 20 or older—in the United States have diabetes, a condition requiring self-managed treatment. To manage their condition, patients need access to medical supplies (including test strips, insulin, and meters) and training to use these supplies.	http://hrc.nwlc.org/policy-indicators
	According to an analysis of 10 quality of care measures—as defined by the National Health Care Quality and Disparities Reports—only 29 percent of women and 34 percent of men with diabetes receive the five care processes recommended for people with diabetes: regular blood sugar measurement, regular eye exams, regular foot exams, flu vaccination each year, and lipid profile every 2 years. Avoidable hospitalizations for diabetes complications decrease as income and education increase among women across all racial and ethnic groups.	Correa-de-Araujo, McDermott, and Moy, Women's Health Issues 16(2):56-65, 2006 (AHRQ Publication No. 06-R043)* (Intramural). (Via http://www.ahrq.gov/research/womheart.htm)

ACA RELEVANCE	FACT	SOURCE
	More than a quarter of a million women who gave birth in U.S. hospitals in 2008 had pre-existing diabetes or developed it during their pregnancy—a condition called gestational diabetes. This equals 6.4 percent of the 4.2 million women who gave birth in that year. Both pre-existing diabetes and gestational diabetes can produce risks for the mother and her infant. Women face increased risks such as miscarriage and preterm birth, and infants experience higher risk of hypoglycemia (low blood sugar), jaundice, and overly large body size which can complicate delivery. Gestational diabetes usually goes away after delivery. Hospital costs associated with deliveries by women with pre-existing diabetes were 55 percent higher ($6,000) and for women with gestational diabetes they were 18 percent more expensive ($4,500) than for women who didn't have diabetes ($3,800).	One in 16 Women Hospitalized for Childbirth Has Diabetes. AHRQ News and Numbers, December 15, 2010. Agency for Healthcare Research and Quality, Rockville, MD. http://www.ahrq.gov/news/nn/nn121510.htm
	Large disparities in infant mortality rate persist. Infants born to black women are 1.5 to 3 times more likely to die than infants born to women of other races/ethnicities.	http://www.cdc.gov/mmwr/preview/ind2011_su.html
	In 2008, the percentage of female Medicare beneficiaries age 65 and over who reported ever being screened for osteoporosis was significantly lower among Blacks and APIs compared with Whites; Hispanics compared with Non-Hispanic Whites; poor, near-poor, and middle-income beneficiaries compared with high-income beneficiaries; and beneficiaries with limitations in three or more ADLs compared with beneficiaries with no functional limitations.	http://www.ahrq.gov/qual/nhdr10/nhdr10.pdf

ACA RELEVANCE	FACT	SOURCE
	Almost half of all new cases and nearly two-thirds of deaths from breast cancer occur in women 65 years of age and older. Nearly 17% of older women in this age group reported not receiving a mammogram within the past two years. 29% of Asian/Pacific Islander older women reported not receiving mammography screening within the past 2 years compared to 14% of blacks, a 15% difference. A higher percent of white women (17%) reported not receiving screening than blacks. Medicare spent more than $8 billion in 1999 to treat injuries to seniors, with fractures accounting for two-thirds of the spending. 62% of black women and 54 % of American Indian/Alaska Native women reported never receiving osteoporosis screening compared to 33% of white women, a difference of 29 and 21%, respectively. 45% of Hispanic women, reported never being screened for osteoporosis compared to 35% of non-Hispanic women, a 10% difference. 57%-of women who qualify for both Medicare and Medicaid and 47% of those who had just basic Medicare coverage reported never being screened for osteoporosis, compared to 29% of women who had private insurance coverage to supplement their Medicare benefits.	http://www.cdc.gov/features/PreventiveServices/Clinical_Preventive_Services_Closing_the_Gap_Report.pdf
	Some preventive benefits important to older women's health, such as mammography, clinical breast exams, bone density tests, and visits for Pap test and pelvic exams, have required 20% coinsurance which can serve as a barrier to getting these recommended services.	Trivedi, A. "Effect of Cost Sharing on Screening Mammography in Medicare Health Plans" New England Journal of Medicine; 358:357-383. 2008.
	Women are more likely than men to require treatment for a chronic condition.	Salganicoff, A. et al., "Women and Health Care: A National Profile," Kaiser Family Foundation, July 2005. Accessed at http://www.kff.org/womenshealth/upload/Women-and-Health-Care-A-National-Profile-Key-Findings-from-the-Kaiser-Women-s-Health-Survey.pdf.
	Currently, a gap of more than $135,000 separates the median annual subspecialist income from that of a primary care physician, yielding a $3.5 million difference in expected income over a lifetime. Over the past 30 years, the growth of this income gap reduced the odds of medical students choosing primary care or family medicine by nearly one half. It also reduced the odds of students working in a federally qualified health center or rural health center by 30 percent, and of practicing in a rural area by almost 20 percent.	http://www.graham-center.org/online/graham/home/publications/onepagers/2010/op67-income-disparities.html

ACA RELEVANCE	FACT	SOURCE
	People who have access to a regular primary care physician are more likely than those who do not to receive recommended preventive services and timely care for medical conditions before they become more serious and more costly to treat. Having a regular doctor is also associated with fewer preventable emergency department visits and fewer hospital admissions, as well as with greater trust in and adherence to physicians' treatment recommendations.	S. T. Orr, E. Charney, J. Straus et al., "Emergency Room Use by Low-Income Children with a Regular Source of Health Care," Medical Care, March 1991 29(3):283–86; B. Starfield, Primary Care: Concept, Evaluation and Policy (New York: Oxford University Press, 1992); L. J. Weiss and J. Blustein, "Faithful Patients: The Effect of Long-Term Physician–Patient Relationships on the Costs and Use of Health Care by Older Americans," American Journal of Public Health, Dec. 1996 86(12):1742–47; and J. M. Gill, A. G. Mainous 3rd, and M. Nsereko, "The Effect of Continuity of Care on Emergency Department Use," Archives of Family Medicine, April 2000 9(4):333–38; K. Fiscella, S. Meldrum, P. Franks et al., "Patient Trust: Is It Related to Patient-Centered Behavior of Primary Care Physicians?" Medical Care, Nov. 2004 42(11):1049–55. (Via http://www.commonwealthfund.org/~/media/Files/Publications/Issue%20Brief/2011/Jan/1466_Abrams_how_ACA_will_strengthen_primary_care_reform_brief_v2.pdf)
	Females were more likely to have a usual primary care provider than males (79.9% compared with 72.6%).	http://www.ahrq.gov/qual/nhqrwomen/nhqrwomen.htm
	Among low-income patients, access to primary care is associated with better preventive care, better management of chronic conditions, and reduced mortality. Geographic areas where there are higher levels of primary care, mortality rates are lower.	B. Starfield, L. Shi, and J. Macinko, "Contribution of Primary Care to Health Systems and Health," Milbank Quarterly, Sept./Oct. 2005 83(3):457–502. (Via http://www.commonwealthfund.org/~/media/Files/Publications/Issue%20Brief/2011/Jan/1466_Abrams_how_ACA_will_strengthen_primary_care_reform_brief_v2.pdf)

ACA RELEVANCE	FACT	SOURCE
	Lacking ready access to care, one of five chronically ill adults visited the emergency room for care they could have received from their primary care practice.	C. Schoen, R. Osborn, S. K. H. How, M. M. Doty, and J. Peugh, "In Chronic Condition: Experiences of Patients with Complex Health Care Needs, in Eight Countries, 2008," Health Affairs Web Exclusive, Nov. 13, 2008, w1–w16. (Via http://www.commonwealthfund.org/~/media/Files/Publications/Issue%20Brief/2011/Jan/1466_Abrams_how_ACA_will_strengthen_primary_care_reform_brief_v2.pdf)
	A recent study found that 46 percent of ER patients would have preferred to have seen a primary care provider instead of the ER clinicians but were unable to obtain an appointment.	S. R. Pitts, E. R. Carrier, E. C. Rich et al., "Where Americans Get Acute Care: Increasingly, It's Not at Their Doctor's Office," Health Affairs, Sept. 2010 29(9):1620–29. (Via http://www.commonwealthfund.org/~/media/Files/Publications/Issue%20Brief/2011/Jan/1466_Abrams_how_ACA_will_strengthen_primary_care_reform_brief_v2.pdf)
	Up to 40 million people in 2011 and 90 million by 2013 will no longer have to make a copayment for recommended preventive screenings, including cancer screenings. Nearly 40 million Medicaid enrollees in 2013 will have access to free preventive care services. In 2011, 50 million Medicare seniors will be eligible for free annual wellness check-ups and personalized prevention plans. Starting in 2011, as many as 10 million Medicaid patients who have at least one chronic condition could have a "health home" to help them manage their condition. An estimated 8 million newly eligible Medicaid beneficiaries with at least one chronic condition could have a health home by 2014. The Affordable Care Act and the American Recovery and Reinvestment Act (the so-called stimulus package) will together support the training of more than 16,000 new primary care providers over the next five years.	http://www.commonwealthfund.org/~/media/Files/Publications/Issue%20Brief/2011/Jan/1466_Abrams_how_ACA_will_strengthen_primary_care_reform_brief_v2.pdf

ACA RELEVANCE	FACT	SOURCE
	Seven in 10 women of reproductive age (43 million women) are sexually active and do not want to become pregnant, but could become pregnant if they and their partners fail to use a contraceptive method.	Mosher WD and Jones J, Use of contraception in the United States: 1982–2008, Vital and Health Statistics, 2010, Series 23, No. 29.
	The typical U.S. woman wants only two children. To achieve this goal, she must use contraceptives for roughly three decades.	The Alan Guttmacher Institute (AGI), Fulfilling the Promise: Public Policy and U.S. Family Planning Clinics, New York: AGI, 2000.
	Of the 36 million women in need of contraceptive care in 2008, 17.4 million were in need of publicly funded services and supplies because they either had an income below 250% of the federal poverty level or were younger than 20.[	Guttmacher Institute, Contraceptive Needs and Services, 2008 Update, New York: Guttmacher Institute, 2010, <http://www.guttmacher.org/pubs/win/contraceptive-needs-2008.pdf>
	While 80 percent of all teen pregnancies are unplanned, most unplanned pregnancies occur among adults rather than teens. There are similar racial and ethnic disparities in the incidence of unplanned pregnancy among women of all ages. For example, 69 percent of all pregnancies to African American women are unplanned and 54 percent of all pregnancies to Latina women are unplanned. In comparison, 40 percent of pregnancies to non-Hispanic white women are unplanned.	National Campaign analysis of Martin, J.A., Hamilton, B.E., Sutton, P.D., Ventura, S.J., Menacker, F., & Kirmeyer, S. (2006). Births: Final data for 2004. National Vital Statistics Reports, 55(1);
	Without publicly funded family planning services, the national rates of unintended pregnancy and abortion would be two-thirds higher among women overall and among teens; the number of unintended pregnancies among poor women would nearly double.	Facts on Publicly Funded Contraceptive Services in the United States, In Brief, Guttmacher Institute 2010.
	Medicaid family planning expansion programs have increased family planning centers' ability to enable women to avoid unintended pregnancies and the abortions that follow. Short intervals between births—a widely acknowledged risk factor for low-birth-weight deliveries and, therefore, infant mortality and morbidity—have become much less common in some states with family planning expansions.	http://www.guttmacher.org/pubs/Medicaid-Family-Planning-2011.pdf