

HEALTH STATUS STATISTICS

Background: Compared with men, women are more likely to be in fair or poor health and face greater rates of disease or chronic conditions on a number of indicators. This is compounded for women of color, women with disabilities, and lesbians. This has many implications. For instance, prior to implementation of the Affordable Care Act, many women trying to purchase coverage in the individual insurance market face denials or limitations on coverage on the basis of pre-existing conditions. If they could purchase coverage, they could face health status rating to greatly increase their premiums, annual and lifetime benefit limits, and rescissions. It also means that women need a comprehensive benefit package to ensure that their health care needs are met. In addition, given their poorer health status, women also have more interactions with the health care system and consequently suffer from the additional associated costs and complications (as discussed in greater detail in other sections).

ACA RELEVANCE	FACT	SOURCE
<p>The ACA includes a number of provisions that will ensure women can access the coverage and care they</p>	<p>Compared with men, women of all races are more likely to be in fair or poor health.</p>	<p>Agency for Healthcare Research and Quality. (2010, December). Health Care for Minority Women: Recent Findings. Program Brief(AHRQ Pub. No. 11-P005). Rockville, MD.</p>
	<p>Nearly 17 percent of Hispanic women and more than 15 percent of black women say they are in fair or poor health, compared with 11 percent of white women.</p>	<p>Agency for Healthcare Research and Quality. (2010, December). Health Care for Minority Women: Recent Findings. Program Brief(AHRQ Pub. No. 11-P005). Rockville, MD.</p>
	<p>Women report a higher prevalence of asthma, chronic bronchitis and emphysema, cancer, and arthritis. Men report a higher prevalence of heart disease and diabetes.</p>	<p>U.S. Department of Health and Human Services, Centers for Disease Control and Prevention. National Center for Health Statistics: National Health Interview Survey. Previously unpublished tabulations (August 2010). Estimates are age-adjusted to the standard 2000 population using five age groups: 18–44 years, 45–54 years, 55–64 years, 65–74 years, and 75 years and over.</p> <p>(Via WOMEN IN AMERICA: Indicators of Social and Economic Well-Being, http://www.whitehouse.gov/sites/default/files/rss_viewer/Women_in_America.pdf)</p>
	<p>Women are more likely than men to report having three or more chronic conditions (49% of women versus 38% of men).</p> <p>Women on Medicare are more likely to experience certain chronic conditions than men, such as arthritis (65% versus 51%), hypertension (65% versus 59%), and osteoporosis (32% versus 5%). 40 percent of women on Medicare have a heart condition (slightly less than men). 35% of women on Medicare have cognitive impairment (compared to 29% of men). Women on Medicare are more likely to have functional limitations. About 20% of women have 2+ ADL limitations and 19% have 2+ IADL limitations (compared to 15% and 12% among men, respectively).</p>	<p>KFF Women’s Health Policy Facts: Medicare’s Role for Women. Available at: http://www.kff.org/womenshealth/upload/7913.pdf</p>
<p>A large number of women in the United States suffer from arthritis. In a 2005 survey, more than one in four adult women (ages 18 and over), compared to 17% of adult men, reported having been diagnosed with arthritis; and six in ten elderly women (65 and over) suffer from the condition. Arthritis is a particularly acute problem among Black women: one in two Black women ages 45 or over, compared to 40% of White women, has arthritis.</p>	<p>National Women’s Law Center analysis of 2008 data on health coverage from the Current Population Survey’s 2009 Annual Social and Economic Supplement, using CPS Table Creator, available at http://www.census.gov/hhes/www/cpssc/cps_table_creator.html, accessed August 26, 2010.</p>	

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	About one black woman in four over 55 years of age has diabetes	Agency for Healthcare Research and Quality. (2010, December). Health Care for Minority Women: Recent Findings. Program Brief(AHRQ Pub. No. 11-P005). Rockville, MD.
	The prevalence of diabetes is at least 2-4x as high among black, Hispanic, American Indian, and Asian Pacific Islander women as it is among 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.
	Difficulty walking is an important general health indicator since it can result from a wide range of health conditions (including arthritis and other musculoskeletal conditions, heart disease, pulmonary conditions, neurological conditions, and sensory limitations such as poor sight) and can affect an individual's ability to fully take part in all aspects of life. In 2009, 13 percent of women reported at least some difficulty walking a quarter of a mile—about three city blocks—compared to 9 percent of men.	U.S. Department of Health and Human Services, Centers for Disease Control and Prevention/National Center for Health Statistics: National Health Interview Survey. Previously unpublished tabulations (August 2010). Estimate for "All" ages are age-adjusted to the 2000 standard population using five age groups: 18–44 years, 45–54 years, 55–64 years, 65–74 years, and 75 years and over. (Via WOMEN IN AMERICA: Indicators of Social and Economic Well-Being, http://www.whitehouse.gov/sites/default/files/rss_viewer/Women_in_America.pdf)
	At all ages, females experience higher rates of depression than males. In any two-week period, 8 percent of women and girls report experiencing clinically significant depression, compared to 5 percent for men and boys. However, Only 29 percent of women and girls who reported experiencing depression also reported contact with a mental health professional during the previous 12 months	U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, National Center for Health Statistics: National Health and Nutrition Examination Survey. Previously unpublished tabulations (August 2010). (Via WOMEN IN AMERICA: Indicators of Social and Economic Well-Being, http://www.whitehouse.gov/sites/default/files/rss_viewer/Women_in_America.pdf)
	In 2008, 4.3 per 1,000 women suffered nonfatal attacks at the hands of their intimate partners. In 2008, White women suffered violent attacks from intimate partners at a reported rate of 4.6 per 1,000 women. The reported rate was lower among Black women (2.4 per 1,000 women). Between 2003 and 2008, women age 20–24 suffered the highest rate of violent attacks by intimate partners, 11.8 per 1,000 women. During those same years, the rate was lowest among women age 65 and older (0.2 per 1,000 women).	U. S. Department of Health and Human Services, Centers for Disease Control and Prevention, National Center for Health Statistics: National Health Interview Survey, 1984-2009, previously unpublished tabulations (August 2010). (Via WOMEN IN AMERICA: Indicators of Social and Economic Well-Being, http://www.whitehouse.gov/sites/default/files/rss_viewer/Women_in_America.pdf)
	LGBT health disparities include chronic conditions. For example, many studies have found that lesbians tend to be more overweight than heterosexual women, resulting in higher risk for heart disease, diabetes, and other obesity-related conditions. Research also indicates that LGBT people report higher rates of depression and anxiety than the general population. These disparities are compounded by gaps in insurance and a lack of provider LGBT cultural competency, which hinder access to preventive and primary care.	http://lgbthealth.webolutionary.com/sites/default/files/NBI%20Health%20Disparities.pdf
	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 .

ACA RELEVANCE	FACT	SOURCE
	<p>Women are more likely than men to need prescription medication.</p>	<p>Doty, M. M. and A. L. Holmgren, "Health Care Disconnect: Gaps in Coverage and Care for Minority Adults: Findings from the Commonwealth Fund Biennial Health Insurance Survey," Commonwealth Fund, August 2006. Accessed at http://www.commonwealthfund.org/Content/Publications/Issue-Briefs/2006/Aug/Health-Care-Disconnect--Gaps-in-Coverage-and-Care-for-Minority-Adults--Findings-from-the-Commonwealt.aspx.</p>
	<p>Approximately 85% of all women in the United States have given birth by age 44</p>	<p>Centers for Disease Control, Recommendations to Improve Preconception Health and Health Care—United States (2006), Morbidity and Mortality Weekly Report, Vol.55 No.RR-6, http://www.cdc.gov/mmwr/pdf/rr/rr5506.pdf</p>
	<p>Childbirth and reproductive care are the most common reasons for women of childbearing age to use health care services. With nearly 12,000 births each day in the United States,32 childbirth is the most common reason for hospital admission.</p>	<p>Martin J, Hamilton B, Sutton P, et al. Births: final data for 2007. Hyattsville, MD: National Center for Health Statistics; 2010. Available at: www.cdc.gov/nchs/data/nvsr/nvsr58/nvsr58_24.pdf.</p>
	<p>At present, 52 percent of Latina teens and 50 percent of African-American teen girls will become pregnant at least once before age 20. In comparison, only 19 percent of non-Hispanic white teen girls under the age of 20 become pregnant. Na-tive American teens also have significantly higher birth rates compared to their non-Hispanic white counterparts (teen pregnancy data are not available). Asian American teens have the lowest rates of teen births compared to other racial and ethnic groups (teen pregnancy data are not available). However, disaggregated data show that certain Asian American subgroups have high rates of teen births. For example, in Ramsey County, Minnesota, Hmong teen girls have a birth rate more than four times greater than their non- Hispanic white counterparts. In California, the proportion of teen births among Laotians is the highest among all racial/ethnic groups.</p>	<p>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); Ventura, S.J., Abma, J.C., Mosher, W.D., & Henshaw, S. (2008). Estimated Pregnancy Rates by Outcome for the United States, 1990-2004. National Vital Statistics Reports, 56(15); Meschke, L. L. (2003). Hmong Pregnancy Planning Grant (unpublished document). St. Paul, MN: Lao Family Community of Min-nesota; Weitz, T.A., Harper, C., Mohllajee, A.P. Teen Pregnancy among Asians and Pacific Islanders in California: Final Report. UCSF Center for Reproductive Health Research & Policy: San Francisco, California, 2001</p>
	<p>An estimated 7.3 million women—38 percent—who tried to buy health insurance in the individual market over a recent three-year period were turned down, charged a higher premium, or had a condition excluded from coverage because it was preexisting.</p>	<p>http://www.commonwealthfund.org/Content/Blog/Jul/How-Women-Will-Benefit-from-the-ACA.aspx</p>
	<p>Over 18 months of active treatment, a breast cancer patient might have as many as 140 doctor and other treatment visits and require up to 40 prescription refills. If a co-pay of \$25 applied for each, her expenses due to co-pays alone would be \$4,500.</p>	<p>Pollitz, K., "Private Health Insurance Market Regulation," Statement before the Senate Finance Committee, Health Reform Summit, June 16, 2009.</p>

ACA RELEVANCE	FACT	SOURCE
	<p>About 102 million people have health insurance policies, either through their employers and or through the individual market, that feature limits on what their plans will pay over a lifetime. About 63 percent of large firms, 52 percent of small firms, and nearly 90 percent of health plans sold in the individual market impose lifetime limits on benefits. Nearly three-quarters (74%) of plans have a lifetime limit of \$2 million or more, one-quarter have a limit of \$1 million to \$2 million, and less than 2 percent have a limit under \$1 million. Of the people enrolled in these plans, each year an estimated 18,650 to 20,400 exceed their limit and thus lose their coverage. About 18 million people have policies that place limits on what their plans will pay out on an annual basis. An estimated 8 percent of large firms, 14 percent of small firms, and 19 percent of individual market plans impose annual limits. Each year up to 3,500 people exceed their limit.</p> <p>The HHS, Labor, and Treasury Departments estimate that about 10,700 people per year have their coverage rescinded. The ban on rescissions will primarily benefit the estimated 15 million people, including 5.5 million women, who currently have health insurance through the individual market, since few employer group plans ever rescind policies.</p>	<p>Department of the Treasury, Department of Labor, and Department of Health and Human Services, Patient Protection and Affordable Care Act: Pre-existing Condition Exclusions, Lifetime and Annual Limits, Rescissions, and Patient Protections, Interim Final Rules, June 21, 2010, available at http://www.hhs.gov/ociio/regulations/index.html#patients.</p> <p>(Via http://www.commonwealthfund.org/~media/Files/Publications/Issue%20Brief/2010/Jul/1429_Collins_Women_ACA_brief.pdf)</p>
	<p>In a 2007 survey, the Commonwealth Fund found that of adults ages 19-64 with individual coverage or who tried to buy it in the past three years, 51% of women compared to 42% of men found it very difficult or impossible to find coverage they needed; 62% of women compared to 51% of men found it very difficult or impossible to find affordable coverage; and 38% of women and 34% of men were turned down, charged a higher price, or had a pre-existing condition excluded from coverage. In the same survey, 77% of women reporting a health problem found it very difficult or impossible to find affordable coverage compared to 48% of women reporting no health problems.</p>	<p>http://www.commonwealthfund.org/~media/Files/Publications/Issue%20Brief/2010/Jul/1429_Collins_Women_ACA_brief.pdf</p>