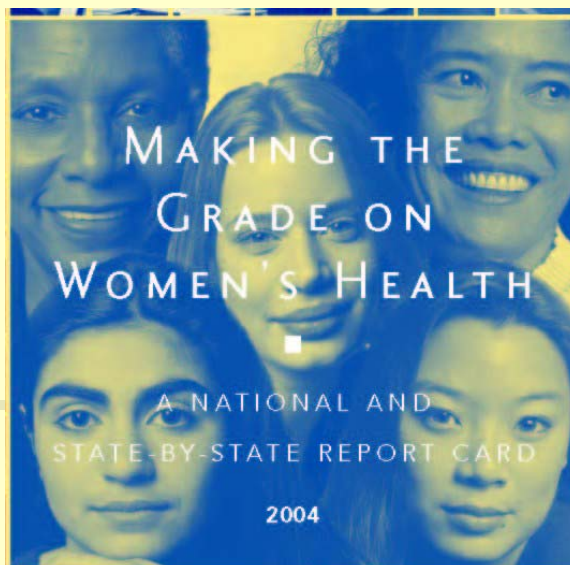


Making the Grade on Women's Health:

A National and State-by-State Report Card 2004



**Oregon Health & Science University
National Women's Law Center**

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OHREC
September 21, 2004

- **Available electronically**
 - **OHSU Center for Women's Health:**
www.ohsuwomenshealth.com
 - **National Women's Law Center:**
www.nwlc.org
- **Available in print**

National Women's Law Center
(202) 588-5180

- **Overview of *Report Card***

- **Grading and Ranking**

- **Status Indicators**

 - Overall

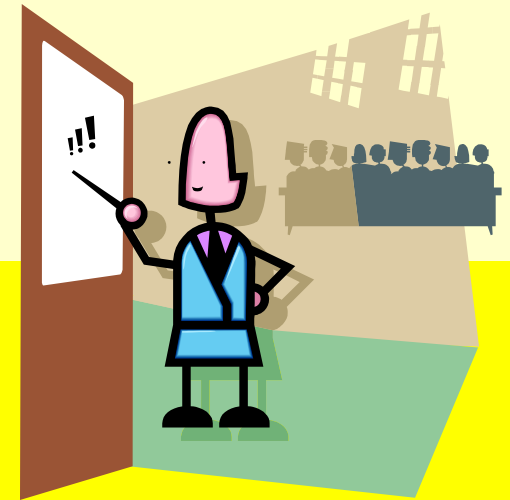
 - Oregon

- **Policy Indicators**

 - Overall

 - Oregon

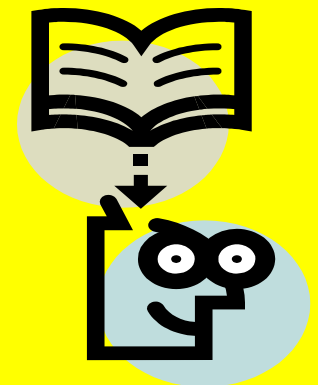
- **Conclusions/Next Steps**



Overview of *Report Card*

Purpose

- **Defines women's health broadly**
- **Provides a state-by-state and national overview of women's health status (status indicators)**
- **Highlights key policies to adopt to improve women's health status (policy indicators)**
- **Advocacy tool**



Key Findings

- The nation and the states received poor grades for the status of women's health and are far from meeting the *Healthy People 2010* goals.
- No state came close to meeting all the policy indicator goals.
- On the policy indicators, since the previous *Report Card* issued in 2001, states have taken two steps forward and one step back.



Grading and Ranking

Grading and Ranking of Status Indicators

- **Benchmarks drawn primarily from HP 2010**
- ***Grades* indicate how close state is to meeting relevant benchmarks, while *ranks* illustrate how state compares to other states**
- **Grades take into account that states and nation still have several years to achieve 2010 benchmarks**



Grading of Status Indicators

- **S**atisfactory – met the benchmark
(most based on Healthy People 2010)

- **S**atisfactory **M**inus

- **U**nsatisfactory

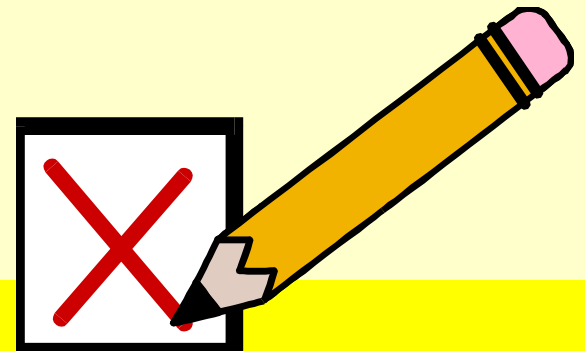
- **F**ail



Evaluation of Policy Indicators

States are compared, but not graded, on the policy indicators.

- Meets Policy
- Limited Policy
- Weak Policy
- Minimal/Harmful Policy

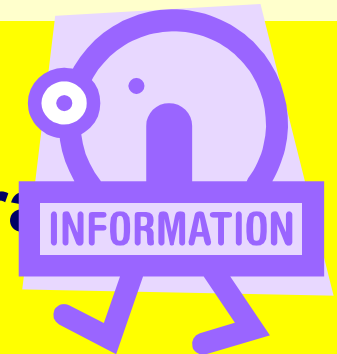


Status Indicators

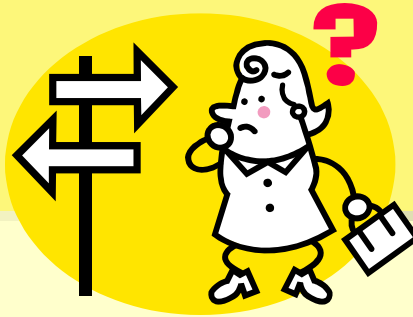
Purpose

To evaluate the state of women's overall health, status indicators measure:

- **women's access to health care services**
- **degree to which women report**
 - **receiving preventive health care**
 - **engaging in health-promoting activities**
- **occurrence of key women's health conditions**
- **extent to which communities encourage women's well-being**



How Status Indicators Selected



- **Significant impact on quality of life, well-being**
- **Affect large numbers of women generally or in a specific population and/or age group**
- **Amenable to prevention, improvement**
- **Measurable through consistent reliable data**
- **Commonly used or broad consensus on use**

Status Indicator Findings

- No state received a grade of S
- Six states received an F
- The nation met only 2 indicators and received an overall grade of U
- All states met one benchmark and missed eight



Oregon

- **Access to Health Care Services**

- **Women without health insurance** **F**
- **First trimester prenatal care** **U**

- **Screening & Prevention**

- Pap smears** **U**
- Mammograms** **S**
- Cholesterol screening** **F**

Oregon

- **Key Conditions**

- **Stroke death rate** F
- **Lung cancer death rate** F
- **High blood pressure** F
- **Diabetes** U

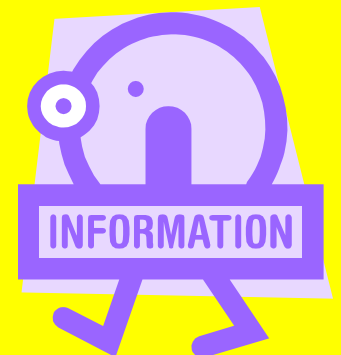
- **Living in Healthy Community**

- Poverty** F
- Wage gap** F

Policy Indicators

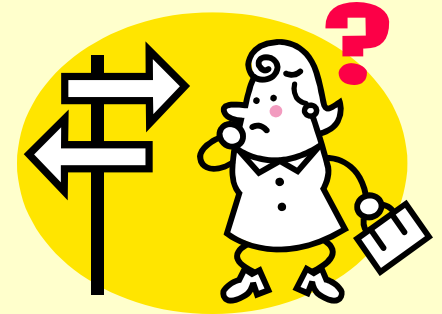
Purpose

- **To evaluate states' performance in promoting women's health**
- **Based on state statutes, regulations, and programs addressing problems identified by health status indicators**



How Policy Indicators Selected

- **Address status indicators**
- **Measurable through consistent reliable data available for each state**
- **Comparable across states**
- **Adopted by one or more states**



Policy Indicator Findings

- 25 states improved at least five policies
- Majority of states weakened one to three policies
- Only ONE policy goal was met by all the states



Policies Most Improved/Weakened

Improved

- Tobacco Sales Rates to Minors
- Medicaid Simplified Mail-in Applications
- Linguistic Access



Weakened

- Medicaid Co-payments on Prescription Drugs
- Funding for Tobacco Control Programs
- Clinic Access



Oregon

Women's Access to Health Care Services

Oregon:

Access to Health Insurance & Services

Medicaid eligibility by income

- | | |
|---------------------|------------|
| ▪ Pregnant women | Limited |
| ▪ Working parents | Limited |
| ▪ Aged and disabled | No/harmful |

■ Methods to expand Medicaid enrollment

- | | |
|----------------------------------|------------|
| ▪ Presumptive eligibility (preg) | No/harmful |
| ▪ Mail-in application | Meets |
| ▪ Asset test for parents | No/Harmful |

Public insurance for childless adults

Meets

Oregon

Addressing Wellness & Prevention

Oregon: Prevention

- **Nutrition**

- **Food Stamp Outreach** **Meets**
- **Food Stamp Nutrition Ed** **Meets**

- **Smoking**

- **Medicaid Smoking Cessation Coverage**
Meets

Oregon

Living in a Healthy Community

Oregon: Economic Security

- **Child Support Pass-Through** **No/Harmful**
- **Child Support Collection** **Weak**
- **State Supplement SSI** **Meets**

Policy: Overall

Systemic Shortcomings Identified by Policy Indicators

- **Women need better access to health insurance**
- **Insufficient access to specific health care providers/services, particularly reproductive health**
- **Preventive and health promoting measures must be more available**
- **Disparities and gaps in economic security continue to compromise women's health**



Conclusions

- Since the last *Report Card* (2001), states have made more positive changes in their policies than harmful ones.



- But there is still a long way to go.

- Greater commitment to women's health needed at both state and federal levels.

- QUESTIONS?

- COMMENTS?

