

Women and Health:

Discrimination
Disparities
Statistics
Solutions

Beijing+15

Commission on the Status of Women

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Lack of Progress



“The informal slogan of the Decade of Women became: Women do 67 percent of the world’s work, receive 10 percent of the world’s income, and own 1 percent of the means of production.”

Richard H. Robbins. *“Global Problems and the Culture of Capitalism.”* Allyn and Bacon 1999. p. 354

Purpose

- Inform the world on the status of women's health in the United States
- Influence an incentive to ratify CEDAW
- Challenge the present health care system in lieu of the disparities and discriminations in women's health

Objectives

- Provide information and show progress, if any, on the status of women's health in the United States
- Display the change in trend, if any, in women's health fifteen years after the Beijing Conference
- Introduce and recognize the initiatives of a local organization that focuses on women's health

U.S. Statistics 1995: Overall Women's Health

- Life expectancy at birth: 79 yrs.
- Leading cause of death:
 - Heart disease
- Leading cause of death for women age 25-74 yrs:
 - Cancer
- 1 in 3 women overweight

U.S. Statistics 2005: Overall Women's Health

- Total female population: 147 million
- Life expectancy at birth: 80.1 years
- Leading causes of death:
 - Heart disease, Cancer, and Stroke
- Between 2003 and 2006, 35 percent of women 20 yrs. and older were overweight

U.S. Fast Facts (2009)

- Total female population: 156 million
- Life expectancy at birth: 80.69 years
- Leading causes of death:
 - Heart disease, Cancer, and Stroke
- More than 35 percent of women 20 yrs. and older were overweight

Health Insurance and Federal Aid

Private Insurance

- Fee-for-service:
 - You choose your physician
 - Insurance pays “covered” services
 - Annual deductible and “co-insurance”
- Managed Care:
 - HMO- premium, PCP and copayment
 - PPO- premium, in-network providers, low out-of-pocket costs
 - POS- premium, PCP

Public Insurance

- Medicare:
 - must either be at least 65 years old
 - under 65 and disabled
 - or any age with End-Stage Renal Disease
 - U.S. citizen/permanent legal resident 5 yrs
 - eligible for Social Security benefits w/ at least 10 yrs. of payments into the system

Health Insurance and Federal Aid

Federal Aid

- Medicaid:
 - low-income individuals and families
 - eligibility requirements based on age, pregnancy status, disability status, other assets, and citizenship
 - Payments directly to providers

No coverage

- “Safety-net” facilities
 - community centers, public hospitals, migrant health centers, etc.
- government-sponsored programs
 - WIC, IHS, PATH

Need for Health Care Reform

- 46 million Americans are uninsured
- 1 in 5 woman age 18-64 yrs. are uninsured
- 1 in 6 privately insured women cannot afford to pay out-of-pocket for care



- <http://www.youtube.com/watch?v=tWKici6hOhw>
- <http://my.barackobama.com/page/content/hrvcratings?v=tWKici6hOhw>

Disparities and Discrimination

- In 2004:
 - Nearly 13 million women live in households with incomes below the Federal poverty threshold.
- In 2009:
 - Women can be denied individual health insurance coverage for pre-existing conditions such as pregnancy and previous cesarean sections.

Disparities and Discrimination

- In 2004:
 - Men received better care for heart disease than women
 - Hispanic women had poorer access to health care for 87 percent of measures compared to non-Hispanic whites
- Death rates in heart disease, cancer, and stroke:
 - highest: blacks
 - 2nd highest: whites
 - lowest: Hispanics, Asians, Pacific Islanders, American Indians, and Alaskan Natives

North Carolina's Status

- Total population in 2008: 9,222,414
 - 51 percent were women
- Nearly 20 percent of women were uninsured
- NC is 1 of about 40 states that allow insurance companies to overcharge women for the same coverage as men.

Solutions

Programs for Women





when breast cancer is present,
and health insurance is not.

2501 Blue Ridge Road, Suite #250
Raleigh, NC 27607

- Founded in May 2004 by Dr. Lisa Tolnitch
- Executive Director, Penny Lauricella
- Volunteer & Development Coordinator, Bernadette Pickles



Pretty in Pink Foundation

- Mission:
 - provide financial assistance to NC's uninsured and underinsured BC patients
 - promotes life after breast cancer through:
 - work w/volunteers
 - donations
 - sponsorships



Pretty in Pink Foundation

- serves people diagnosed with breast cancer
 - limited health insurance benefits, or
 - no health insurance at all
- provides patients access to:
 - quality of life support
 - education for families
 - resources (through relationships with vendors, providers, donations, sponsorships)



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Breast Cancer Facts (USA)

- 1 in 4 cancer diagnosed in women
- National estimated cases of breast cancer for 2009:
 - New Cases- 192,370
 - Death- 40,170

Breast Cancer Facts (NC)

- North Carolina estimated cases of breast cancer for 2009:
 - New Cases: 7,781
- In 2006:
 - female breast cancer was the most commonly diagnosed cancer in NC;
 - 2nd largest number of cancer-related deaths among women in NC

Pretty in Pink Foundation's Progress in 2009

- Served breast cancer patients in 46 counties
- Provided financial assistance for:
 - Surgery: 54 patients
 - Chemotherapy: 276 patients
 - Radiation Therapy: 119 patients
- Almost half of patients were minorities.
 - Caucasian females have highest incidence of BC in North Carolina
 - Minorities have higher mortality rate



Champions (patients)

- Average patient:
 - Annual income of less than \$32,075 based on family of two
 - cost of breast cancer treatment: up to \$350,000



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Champions (patients)

- Carol Tripp, first client
- “My extreme anxiety was due to financial concerns because I had lost my health insurance following a divorce...All I could think of was that I would lose my savings and my home...”



Resources

- How to get assistance from Pretty in Pink Foundation:
 - cancer centers
 - health departments
 - hospitals
 - obstetrician gynecologist referral
 - open door clinics
 - personal research
 - physicians



Resources

- How the foundation supports patients:
 - donations: financial and non-financial
 - individual contributions
 - grants
 - Non-profit organization (pay on Medicare rate)
- Partners and Affiliations:
 - American Cancer Society
 - Triangle Family Services
 - Alliance Medical Ministry
- New locations:
 - Charlottesville, VA; Charleston, SC;
Pittsburgh, PA; Philadelphia, PA



Beijing +15: Where are we now?

- The overall quality of health care for women is improving very slowly.
- Reformation of the health care system is needed and currently being voted on:
 - House of Representatives
 - Senate



References

- Centers for Disease Control and Prevention
- Central Intelligence Agency
- National Cancer Institute
- News and Observer
 - Charlotte Observer
- News and Record
- New York Times
- Pretty in Pink Foundation
- U.S. Department of Health and Human Services:
 - Agency of Healthcare Research and Quality
 - Office on Women's Health
 - National Center for Health Statistics
 - National Women's Health Information Center
- U.S. Census Bureau

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