EMBARGOED UNTIL: December 9, 12:01 a.m.

2010 Health Report Card Findings

Summary
The 2010 edition of *Making the Grade on Women's Health: A National and State-by-State Report Card* shows that the nation and the states continue to fall short in meeting women's health needs. Despite some progress on individual health status indicators, overall the nation is still so far from meeting key women's health objectives that it receives a grade of "Unsatisfactory" in this fifth and last report for this decade. Additionally, the *Report Card* shows that while states continue to adopt policies to advance women's health, progress has slowed—and in some cases stagnated—at a time when they still have a long way to go. Fortunately, a new health policy landscape is forming as a result of the federal health care law (the Patient Protection and Affordable Care Act or ACA) that was enacted in March 2010. Many of the policy goals examined in the *Report Card* will be realized as the ACA is implemented. With the law's emphasis on access to health care—including the critical preventive services that women need to stay healthy—the new law can, over time, lead to major improvements in the health status of women.

Women's Health Status Indicators
Health objectives set for the nation by the U.S. Department of Health and Human Services' Healthy People 2010 agenda, along with additional benchmarks adapted specifically for women's health, have served as a roadmap for the *Report Card* by providing a set of targets to be achieved by the end of this decade. Now having reached 2010, the nation and individual states have failed to meet key health objectives for the bulk of women's health status indicators.

Overall, the nation is still so far from the Healthy People and related goals that it receives a grade of "Unsatisfactory." With regard to individual status indicators, the country receives a "Satisfactory" in only three of the 26 graded indicators, just as it did when the *Report Card* was last published in 2007 (see National Report Card for a complete list of grades). The three goals met by the nation—the percentage of women age 40 and older across the country getting mammograms regularly, the percentage of women visiting the dentist annually, and the percentage of women age 50 and older who receive screenings for colorectal cancer—are important achievements for women. However, the nation must improve considerably on every other goal. In fact, it receives a failing "F" grade in 13 of the 26 graded indicators.

Nation's Performance	
Nation's Grade	U
Number of Benchmarks Met	3
Number of Benchmarks Missed	23

The most disturbing trends over the past three years have been a marked increase in the proportion of women who report binge drinking—a dangerous form of alcohol abuse that involves having five or more drinks on one occasion—and a considerable decline in the percentage of women who get a regular Pap smear, the primary test to detect cervical cancer. (Chart 1 shows the most widely declined status indicators among the states.) The nation's grade for binge drinking declined from "Satisfactory minus" to "Failing," and the grade for Pap test rates dropped from "Unsatisfactory" to "Failing."

Cholesterol screening was the only area where women's health improved enough to merit a higher grade when compared to 2007 (increasing from an "Unsatisfactory" to a "Satisfactory minus"). Other gains—including lower proportions of women dying from heart disease, stroke, lung cancer, breast cancer, and

EMBARGOED UNTIL: December 9, 12:01 a.m.

during or shortly after pregnancy—fell far short of the national goals and were not enough to generate better grades on the 2010 *Report Card*. (Chart 1 shows the most widely improved status indicators among the states.)

Chart 1: State Performance on Health Status and Policy Indicators Since 2007

Health Status Indicators			
Most Improved (net number of states)		**Most Declined (net)**	
Colorectal Cancer Screening	51	Pap Smears	(47)
Cholesterol Screening	51	Binge Drinking	(45)
Coronary Heart Disease Death Rate	51	Obesity	(44)
Stroke Death Rate	49	Women Diagnosed with Diabetes	(42)
Women Who Smoke	42	High Blood Pressure	(39)
Health Policy Indicators			
Most Improved (net)		**Most Declined (net)**	
Medicaid Coverage of Smoking Cessation Treatment	15	Minimum Wage Allowing Family of 3 to Reach the Federal Poverty Threshold*	(15)
Excise Tax on Cigarettes	14	Protect "Community" Spouses of Medicaid Nursing Home Residents from Impoverishment	(5)
Child Support Collection Rate	12	Funding for Tobacco Prevention	(1)
Food Stamp Outreach	12	Long-Term Care Ombuds Staffing Levels	(1)
Domestic Violence Protocols, Training, and Screening for Health Care Providers	10	Medicaid Prescription Drug Copayments	(1)

* Policy assessments are based on the federal minimum wage, which has increased from 2007. States whose minimum wages have remained constant since 2007 may receive a lower policy rating because they have not kept pace with the new federal minimum.

When looking at each state, in none do women enjoy overall satisfactory health status, and just two states receive the next highest grade of "Satisfactory minus" (Vermont and Massachusetts), a decline since 2007 when three states had this distinction. The majority of states (37) receive an "Unsatisfactory" grade, and about a quarter of all states (12) receive an overall "Failing" grade. Compared to 2007, one state—Indiana—received a higher grade (increasing from "Failing" to "Unsatisfactory") and two states received a lower grade. Minnesota's grade declined from "Satisfactory minus" to "Unsatisfactory," while Missouri's grade declined from "Unsatisfactory" to "Failing."

Only two benchmarks were met by all the states—the percentage of women visiting the dentist annually, and the percentage of women age 50 and older who are screened for colorectal cancer—representing some progress from 2007, when only one benchmark (annual dental visits) was met by all the states. Collectively, the states missed the same ten benchmarks as in 2007 plus an additional benchmark—the percentage of women with Chlamydia—for a total of eleven benchmarks missed by all states in 2010 (see Chart 2). Just as in 2007, twelve states received an overall failing grade because their performance was so weak. As has been the case since the 2004 *Report Card*, Arkansas, Louisiana, and Mississippi receive the lowest rankings.

Chart 2

EMBARGOED UNTIL: December 9, 12:01 a.m.

Status Benchmarks Met and Missed by All the States	
Benchmarks Met	**Benchmarks Missed**
Colorectal Screening	Health Insurance
Annual Dental Visits	Pap Smears
	Obesity
	Eating Five Fruits & Vegetables a Day
	High Blood Pressure
	Diabetes
	Chlamydia
	Life Expectancy
	Infant Mortality Rate
	Poverty
	Wage Gap

On the whole, gains in meeting women's health needs have been limited and are undermined by decline in other areas. It is also important to note that *Report Card* grades are based on data for women overall; given the disparities in health outcomes experienced by some populations (e.g., women of color, low-income women), the nation and individual states are undoubtedly failing many women by an even greater margin than the grades suggest.

Moreover, the 2010 *Report Card* uses the same grading scale—with the same "cut-off" points for failing, unsatisfactory, and other grades—as the previous *Report Card*, even though the nation and states have had an additional three years to meet the benchmarks upon which the grades are based. This is a change from 2007, when the *Report Card* held the nation and states to a higher standard than in 2004, under the assumption that as the decade progressed, they should be considerably closer to meeting Healthy People 2010 benchmarks and related goals than in earlier years. However, in view of the troubled economic environment that has plagued the country for the past several years, the 2010 *Report Card* maintains the grading scale for 2007. If a more stringent grading scale had been adopted for 2010, the *Report Card* would have shown considerable declines and virtually no progress in grades.

Women's Health Policy Indicators

States continue to make some progress in adopting policies to advance women's health. As in the 2007 *Report Card*, for 2010 the policy most consistently improved among the states is the provision of Medicaid coverage for smoking cessation—15 states have made progress in this area. Fourteen states have raised their excise tax on cigarettes—a well-characterized measure to reduce smoking rates—bringing to 23 the number of states with a tax of $1.50 or more per pack. (See Chart 1 for policies most widely improved.) The most widely improved policies target smoking, which is one of the most widely improved health status indicators. In fact, in the 2010 *Report Card*, more than three-quarters of states (42) experienced reductions in the percentage of women who smoke.

While the health policy improvements are positive, it is notable that progress has slowed—and in some cases stagnated—at a time when states still have a long way to go. States achieved an average of just three health policy improvements since the last *Report Card* was published; the District of Columbia and Maryland made the most progress, with each improving on nine policies overall. Of the 68 policies that were assessed for the 2010 *Report Card*, only two policy goals are met by all the states: Medicaid

coverage for breast and cervical cancer treatment, and participation in the Food Stamp Nutrition and Education Program. Only 17 policy goals are met by a majority of states, including supplementing the Social Security Income (SSI) grant (46 states), external review in managed care plans (46 states), and requiring private insurance plans to include diabetes supplies and education as part of general coverage (43 states). Nine states meet a majority of the policy indicator goals (35 or more indicators each), with California (44), New Jersey (43), Massachusetts (40), and New York (39) meeting the most indicators. The average number of policy indicators met across all states is 25.

Unfortunately, the progress states have made is diminished by the weakening of other key policies. Seven states sustained a net loss of one to three policies (net loss being defined as the total weakened policies minus total improved)—fewer states than in 2007. On average, states diminished just one policy, though Colorado and Maine had the largest declines, with each state weakening four health policies since the *Report Card* was last published. While the specific targeted policies varied among the states, 15 additional states failed to establish a minimum wage that allows a family of three to reach the federal poverty threshold (Chart 1). Notably, policy assessments for this indicator are based on the current federal minimum wage, which has increased from 2007—as a result states whose minimum wages have remained constant since 2007 may receive a lower policy rating not because they have actually reduced their minimum wage but because they do not keep pace with the new federal minimum.

In addition to the net declines displayed in Chart 1, it is important to note that nearly a quarter of the policy indicators (16) were met by only five states or fewer. No state met the policy indicator of passing "clinic access" legislation to protect women and health care providers from violence and harassment at reproductive health centers. The four states that meet the fewest policy indicators are Mississippi (10), Idaho (11), South Dakota (11) and Alabama (12).

Overall, the policy indicator findings show more improvement than deterioration; on average, states improved three policies and weakened only one policy. Yet progress has been plodding and inconsistent. The policy landscape, however, is shifting. The federal health care law enacted in March 2010 (the Patient Protection and Affordable Care Act or ACA) requires states to make improvements in many of the areas addressed in the *Report Card* policy indicators, and many of the policy goals examined in the Report Card will be realized as the ACA is implemented. For example, four Medicaid eligibility and enrollment policy goals will be accomplished when new Medicaid eligibility rules take effect in 2014. Several of the *Report Card*'s policy goals for private insurance coverage of preventive services (such as Pap smears, mammograms, and osteoporosis screenings) were achieved when a provision of the law which requires all new health plans to cover recommended preventive care with no cost-sharing took effect on September 23, 2010. Details of the ACA and its implications for specific *Report Card* policy indicators are described in a special supplement to the 2010 *Report Card*, "Looking Back and Moving Forward."

EMBARGOED UNTIL: December 9, 12:01 a.m.

Summary Findings
The nation continues to receive an overall grade of unsatisfactory. No state receives an overall grade of satisfactory. Two states--Massachusetts and Vermont--receive the next highest grade of "S-." The nation meets just three benchmarks. These benchmarks are the same as those that were met in the 2007 *Report Card*: the percentage of women getting mammograms regularly, the percentage of women visiting the dentist annually, and the percentage of women getting screened for colorectal cancer. Compared to 2007, the nation received a higher grade for one indicator (moving from a "U" to an "S-" in cholesterol screening) and a lower grade for two indicators (moving from an "S-" to an "F" in binge drinking, and from a "U" to an "F" in Pap smear rates)—otherwise grades remained the same. Most states show progress in status indicators such as death rates from stroke and coronary heart disease. Yet overall the country receives failing grades in these areas, demonstrating how much improvement is still needed. Of the 68 policies that were assessed for the 2010 Report Card, only two policy goals are met by all states: Medicaid coverage for breast and cervical cancer treatment and participation in the Food Stamp Nutrition and Education Program (FSNEP). No state meets the policy goal of passing "clinic access" legislation that adequately protects women and health care providers from violence and harassment at reproductive health centers. On average, states improved three policies and weakened only one policy. The most improved policies among states are coverage of smoking cessation services in Medicaid and increases in the excise tax on cigarettes. Notably, in 42 states the rate of smoking among women has declined, making this one of the most improved health status indicators. Two-thirds of the *Report Card*'s policy indicators are addressed in some way by the federal health care law (the Affordable Care Act) that was enacted in March 2010. Because of the many policy improvements that the Affordable Care Act requires, the new law can, over time, lead to major improvements in the health status of women.

Specific Findings

Highlights of specific 2010 *Report Card* findings are described in more detail below.

Women need better access to health insurance in order to get necessary health care.

- The nation has fallen even shorter of the goal that every person should have health insurance. Nationwide, nearly one in five women ages 18-64 is uninsured, representing a considerable

increase since the 2007 *Report Card*. No state meets the Healthy People 2010 goal of access to health insurance, although Massachusetts comes the closest with 95% of women insured (see highlight box). The proportion of uninsured women has grown in a majority of states (32) since 2007.

[HIGHLIGHT BOX]

Massachusetts Advances Women's Access to Health Coverage

In 2006, Massachusetts enacted a statewide health reform law, which included an expansion of public health insurance, creation of a premium subsidy program for low-and moderate-income families, an individual responsibility requirement that all adults have a minimum level of coverage by the end of 2007, and the creation of the Commonwealth Health Insurance Connector (commonly called the Health Connector). The Health Connector offers individuals the ability to purchase standardized, high quality health insurance if they are not covered through their employer or are low-income but not eligible for public coverage.

As a direct result of Massachusetts' health reform law, women's coverage rates have improved dramatically since the last *Report Card* was published. The proportion of women without coverage has effectively been cut in half, from 10.5% in the 2007 *Report Card* to the current 5.2%. Largely due to this improvement, Massachusetts rose to second place in the health status rankings. In addition, Massachusetts outperforms most other states in meeting standards for women's health policies. The state receives a "meets policy" for 40 of 68 policy indicators assessed in the 2010 *Report Card*, whereas the average number of indicators met across all states was 24.

- The disparities in insurance coverage between White women and women of color are alarming. Nationwide, 37.6% of Hispanic women, 32.0% of American Indian/Alaska Native women, and 23.4% of Black women do not have health coverage, compared to 13.9% of White women.

- Though Medicaid eligibility levels for working parents remain low in most states, and only four states meet the policy goal of having a public coverage program for adults without children or who are not disabled, there has been considerable progress in increasing Medicaid income eligibility levels for pregnant women. Nearly half the states (24) now cover pregnant women at or above 200% of the federal poverty level, which is an increase of seven states since the last *Report Card*.

- Two additional states (Indiana and Maryland) provided presumptive eligibility for pregnant women enrolling in Medicaid for a total of 35 states. Still, much work remains to ensure that all women have access to timely and high-quality prenatal care, as evidenced by disturbing disparities in infant morality rates—the rate for Black infants is significantly higher than that of women of other races (13.5 deaths per 1,000 live births, compared to 5.7 deaths among births to White women, for example).

- Americans without employer-sponsored coverage or public insurance often turn to the individual insurance market, where people buy coverage directly from insurance companies. Only five states meet the goal of providing adequate protections for people seeking to purchase health insurance in the individual market. As in 2007, most states (39) have either minimal or no meaningful regulation of this market. Women face particular challenges in the individual market. For instance, most states allow individual market insurers to use "gender rating" to charge women more than

men for the same health insurance policy. Only 13 states prohibit this type of rating in the individual market.

Access to specific health care providers and services is insufficient, particularly for reproductive health providers and services.

- Over 12% of people continue to live in a "medically underserved area" with reduced access to primary care physicians. There are large disparities among states for this indicator: in New Jersey, just 1.7% of the population lives in a medically underserved area, compared to Louisiana where 34.1% of the population lives in such an area. Nationally, more than a third of all women—including those who need abortions to address medical emergencies—reside in a county without an abortion provider.

- Access to mental health care is especially important for women, who are more likely than men to report unmet mental health needs. The Report Card examines the number of days in the past 30 that women reported that their mental health was "not good," with results varying substantially across the states—in North Dakota women report an average of 2.8 such days and in Kentucky women report nearly twice that many days (5.3). Three states improved laws relating to equal coverage of mental health conditions, but as in 2007 only five states meet the policy goal of comprehensive parity between mental and physical health coverage.

- Women's health suffers when family planning services are not available. Nationally, nearly half of all pregnancies are unintended, thereby missing by a substantial margin the national goal to reduce unintended pregnancies to 30% or less of all pregnancies. The states' adoption of policies and programs to reduce unintended pregnancies varies widely. Only seven states meet the policy goal of requiring that private insurers cover contraceptives as they do other prescription drugs and only four states have adequate laws ensuring access to emergency contraception, the same number as in 2007.

- States are making some progress with regard to availability of comprehensive sex education—an additional four states require public schools to educate students on sexuality (which includes providing information on contraception), bringing the total number of states meeting the policy goal in this area to 12. More than two-thirds of the states (36) require schools to educate students on sexually-transmitted infections (STIs) including HIV. In addition, twenty-four states have chosen to reject federal funding for programs that promote an abstinence-only approach to sex education.

- Women in the individual health insurance market may find it difficult or even impossible to obtain health insurance that includes coverage for maternity care, and even some women insured through a small business may find that their coverage excludes this type of basic care. In 2010, only seven states have recognized the importance of access to comprehensive maternity care—including prenatal, birth, and postpartum care—by requiring that these services be covered in all individual and group health plans.

- Some states diminish women's access to abortion care through policies that limit services. For instance, nineteen states restrict private insurers' ability to cover abortions. Thirty-seven states

require parental involvement when a minor seeks an abortion, and 26 states require that a woman receives biased counseling endures a mandatory delay before she can obtain an abortion. Though in 2010 an additional state (DC) provides public funds for safe abortion procedures for women who could not otherwise afford them, only 18 states meet this policy goal overall.

- Patients are sometimes denied health care services by individual health care providers and by institutions—such as hospitals, HMOs, or employers—who believe that their religious, ethical, or moral beliefs should come before patients' needs. The 2010 *Report Card* examines state policies regarding health care provider refusals based on religious, ethical, or moral beliefs. Only three states have laws which attempt to ensure that patient access to reproductive health care is not compromised in the event of refusal due to provider or institutional beliefs. Eight states have a specific policy that requires pharmacies or pharmacists to ensure that patients receive contraceptive medication.

A greater emphasis on preventive and health promoting measures is key to improving overall health.

- Rates of screening for key diseases are improving in some areas, but remain low in others. The greatest advancement in the 2010 *Report Card* is in the area of colorectal cancer screening—all states and DC now meet the benchmark for this indicator. Forty-four states meet the national goal for mammograms for women age 40 and older, up from 39 in 2007. Once again, however, every state fails to meet the national goal for women receiving annual Pap smears—the primary screening test to help detect cervical cancer.

- Though the coronary heart disease death rate has decreased in every state and the stroke death rate has gone down in all states but one, the country as a whole still receives a failing grade on these benchmarks because so much progress is still required.

- It is also clear that policies must be implemented that address the higher death rates of Black women from these diseases. Black women are significantly more likely to die from coronary heart disease (162.0 per 100,000 Black women, for example, compared to only 116.7 for White women and 97.8 for Hispanic women), breast cancer (32.8 per 100,000 Black women compared to 24.0 for White women and 15.2 Hispanic women), and stroke (61.9 per 100,000 Black women compared to 44.4 for White women and 33.6 for Hispanic women).

- Just as in 2007, no state meets the benchmark for obesity. Obesity rates actually increased in nearly every state. This has serious consequences for women's health, since obesity is often associated with illness and death from cardiovascular disease, high blood pressure, diabetes, and others. Indeed, nationally the number of women with diabetes has also increased, and all but four states are doing worse on this indicator.

- States are making steady progress in adopting policies to facilitate essential health screening by requiring insurance coverage of screening tests. Twenty-two states—two more than in 2007—require private insurers to cover annual mammograms for women over 40. Since 2007, nine additional states began requiring coverage for colorectal cancer screenings, so that 29 states overall now meet this policy goal.

EMBARGOED UNTIL: December 9, 12:01 a.m.

- All 51 states meet the policy goal for Food Stamp Nutrition Education Programs. Most (34) also meet the policy goal for Food Stamp Outreach programs, a considerable improvement from the last *Report Card* when only 22 states met this goal. Notably, however, every state fails to meet the health status benchmark for nutrition (50% of women eating five fruits and vegetables a day).

- Preventive health policies that address the high prevalence of AIDS among Black women are desperately needed. The AIDS rate for Black women is 39.8 per 100,000 women, compared to the rate of 7.5 among all women. In the District of Columbia the AIDS incidence rate is 90.2 new cases per 100,000 women. This is by far the highest rate, with Maryland being the next highest at 22.2 per 100,000 women. Thirty-six states require STD/HIV education be taught in schools, just as in 2007.

- More than half of the women in the United States report having been raped and/or physically assaulted in their lifetime. Vast improvement is needed to curtail the excessive violence experienced by American women. In particular, culturally sensitive policies that address the higher rates of violence experienced by Native American and Alaska Native women are needed, as 64.8% are likely to report having been raped and/or physically assaulted in their lifetime, compared to 54.5% of White women. Given the difficulties experienced by all women in reporting such incidents, the actual number of Native American/Alaska Native women experiencing violence is likely to be even higher.

Disparities and gaps in economic security continue to compromise women's health because lower income women have more difficulty getting their health care needs met.

- Nationwide, 13.4% of women live in poverty. Women's poverty rates have increased in 33 states. Even the top-ranked (i.e., lowest poverty level) state of New Hampshire experienced a considerable rise—from 6.3% in the 2007 *Report Card* to 8.5% in the current report. In bottom-ranked Mississippi, 21.1% of women live in poverty.

- Poverty rates for women of color are markedly higher than those of White women—24.8% of American Indian/Alaskan native women, 23.7% of Black women, 23.1% of Hispanic, and 11.9% of Asian/Pacific Islander women live in poverty compared to 9.7% of White women. Women of color are also less likely to have completed high school than White women (e.g., only 65.1% of Hispanic women complete high school compared to 92.2% of White women).

- Once again, only Washington and Oregon have a minimum wage that allows a family of three to reach the federal poverty threshold. Sixteen states did worse on this policy indicator when compared to the previous *Report Card*. The gap between the wages of men and women also reflects the particular economic hurdles facing women at every income level. Nationwide, women earn 78.2% of what men earn (an increase from 77% in 2007) and state "wage gap" figures vary widely.

- Child support payments can make a substantial difference in the financial well-being and health of a woman and her family. Overall, the states have shown considerable improvement in their child-

support collection rates—15 states have improved in this policy area while three declined, bringing the total to 22 states collecting child support in over 60% of their cases.

- Discriminatory practices can affect women's health by creating barriers to securing health care services and health insurance, by creating stress that contributes to adverse physical and mental health and by creating barriers to financial achievement. States have made some progress in adopting strong legal protections against some forms of discrimination. Twenty-two states—one more than in 2007—prohibit employment discrimination based on sexual orientation, and 34 states—one more than in 2007—prohibit employment and health insurance discrimination based on genetic information.

Conclusion

The country has a great deal of work to do to improve women's health status, evidenced by the fact that the nation as a whole and all but two states receive unsatisfactory or failing grades in women's health. The end of the decade has arrived, and nearly all of the Healthy People 2010 benchmarks used in the Report Card are still unmet. Establishing policies that expand access to health care, promote wellness and prevention, and create healthier communities can lead to health status improvements, yet states have moved slowly to adopt the changes that are necessary to advance women's health.

As described in the special supplement to the 2010 *Report Card*, "Looking Back and Moving Forward," the new federal health care law has already produced positive health policy changes and can continue to shape an improved health system where many more women have access to affordable and high-quality health care. In the meantime, states must continue to pursue policies that will improve women's health and well-being—both by implementing the ACA in ways that will benefit women and by making progress in areas that are beyond the scope of the new law.