

This report represents the work of more than the Utah Department of Health. It is a product of the ad hoc Women’s Health Committee that included many dedicated individuals who contributed many hours of personal time.

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About This Report

In the Summer of 1994, a group of Utah women gathered in Salt Lake City to discuss how to improve the access to and the comprehensiveness of health services for Utah women throughout their life cycles. The meeting established the Utah Women's Health Trust, a women's health coalition whose goals included sharing critical information relevant to women's health. The coalition's first annual meeting in May 1995, featured a presentation on "How Healthy are Utah's Women: A State of the State Address [on] Women's Health". A report, *Women's (and Men's) Health in Utah* was distributed by the Utah Department of Health following the meeting.

While only a few of the members of the coalition were able to participate in the preparation of this report, it represents a continuation of the pioneering efforts to educate "women, our communities, policymakers, and the medical profession concerning the importance of women's health care as it relates to health care reform."¹ An ad hoc Women's Health Committee of more than 30 volunteers from within and outside the Utah Department of Health carries on with the same concern for the health of Utah women. This report will help in the development of baseline indicators of Utah women's health status.

What is Women's Health?

Health is a multidimensional concept that means much more than merely the absence of illness. In 1960, the World Health Organization defined health as "a complete state of physical, mental, and social well-being."² In 1985, the Public Health Service Task Force on Women's Health Issues defined women's health issues as diseases or conditions that were unique to women, were more prevalent or more serious in women, or for which specific risk factors or interventions differed for women.³

However, there is a growing awareness that improvement in women's health will require viewing it as more than merely "female diseases". Health, in a holistic sense, involves emotional, social, cultural, spiritual and physical well-being.⁴ It is determined by the social, political, cultural and economic context of people's lives, as well as by their biological state. Therefore, throughout this report, the issue of women's health is viewed in a broad context and from various perspectives.

Rationale for Research on Women's Health?

This report will show that, even outside the realm of reproductive health, improving women's health presents challenges that differ from those for men's health. Men and women are differently affected by the social, political, cultural and economic context in which they live. Some of the reasons for these differences are identified by the information contained in this report. Other questions remain and should be the subject of future research.

If men's and women's health and the determinants of their health were the same, there would be no need for research targeted at women's health.

Gender-neutral interventions, programs and methods of health care delivery would suffice. However, as this report illustrates, men and women differ in health status, health-related behavior, health-seeking behavior, and access to and utilization of health care. By understanding the factors that determine women's health status, public health agencies and health care providers can design effective programs and interventions to improve women's health and policymakers can address underlying issues that affect women's health. Hopefully, the information will also be of value to women and their families.

The Organization of This Report

This report is intended to inform those men and women who make social and health policy as well as those who benefit or suffer because of it. It begins by presenting general social and demographic factors that affect women's health. Chapters 2 and 3 describe health status differences between Utah men and women and among women of different social, economic, and educational backgrounds. Chapters 4 through 6 describe specific issues and conditions that affect women's health and some of the lifestyles and behaviors that can affect women's health.

Chapter 7 describes violence against women, a social problem that is emerging as an important

public health concern though it is not a new problem.

Chapter 8 describes aspects of the health care system, including access and utilization issues, and Chapter 9 discusses how health care reform in Utah is important for women's health.

Finally, Chapter 10 attempts to synthesize the information provided here -Where We Are Now - and to describe where women want to be and what needs to be done to get there.

Data and Methodology

The ad hoc committee faced three challenges: scarcity of data, enormity and multidimensionality of the issue, and lack of a model report, either from the past or at national level. Those challenges were magnified by the short time frame available to complete the report.

The scarcity of data sources has resulted in several weaknesses in the report. One weakness is that data are from different years and therefore one cannot draw a complete picture of women's health at a single point in time. Also, without detailed data on some factors, some of the findings could not be analyzed beyond a simple description. Finally, comparative information at the national level are not presented for many of the tabulations and graphs.

The enormity and multidimensionality of the women's health issue made it necessary to obtain the help of a great number of people from different backgrounds. While the content and substance of the report have been strengthened by

contributions from various perspectives, some readers may find the presentation uneven among the various sections, where more detailed information is given for some issues than for others. This should not be interpreted as indicating the relative importance of the topics.

Without a model report to follow, the group relied on collective knowledge and experience to design the report. This resulted in a report that is truly reflective of the issues that are of concern in Utah as recognized by the committee now.

It can be argued that this report raises more questions than it answers. That may be true, but it is not necessarily a shortcoming. This report is intended to raise awareness of women's health issues and to build a set of baseline indicators of women's health in Utah. To that end, it asks questions about facts and events that otherwise might have been taken for granted. This effort will continue and, in time, the questions will be answered.

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