

10 Where Do We Go From Here?

This examination of the health status of women raises issues that cut across existing programs, agencies, and policies. Some of the issues affecting women's health identified by this report are related to fundamental aspects of the social and economic structure of our society. These issues include income disparities between men and women, differences in educational status, and women's disproportionate share of the responsibility for maintaining families (whether as a single mother or as the principal care giver for an elderly relative). The Department of Health and the individuals who contributed to this report will actively work to address those issues, but these concerns will require a societal commitment and time to correct.

The Department of Health has identified ten issues on which it can have the greatest impact.

These issues include two that have been the focus of substantial ongoing attention: prenatal care and breast and cervical cancer screening. The Department will continue to focus resources on those two important issues and monitor the success of those efforts. The other eight issues are new or emerging problems that call for new or enhanced strategies. The criteria considered in identifying these issues included that they be primarily health issues (rather than economic or social), that they have an important impact on women's health, and that an effective intervention be identifiable and feasible. Those ten issues and the approaches the Department will take to address them are outlined below.

Ongoing Issues

- Prenatal care - The risk of a low birth weight infant is three times higher for women not receiving prenatal care compared to those who received first trimester prenatal care. Utah ranks third in the nation for early entry into prenatal care. The Utah Department of Health is working to achieve the Healthy People 2000 Objective (90% of mothers receiving first trimester prenatal care). However, challenges remain in reducing prenatal risk and improving the quality of prenatal care.

- Breast and Cervical Cancer Screening - Cancer is the leading cause of death among Utah

women 25 to 64 years of age. Breast cancer is the leading cause of cancer death for Utah women. The proportion of Utah women 50 and older who reported having ever received a screening mammogram increased from 40 % to 76% ; however, this suggests that a quarter of Utah women have never had even a baseline test. Increasing the proportions of women who obtain mammograms and Pap smears at recommended intervals is an ongoing priority of the Utah Department of Health.

New or Emerging Issues

◦ Discrepancy between Life Expectancy and Self-reported Health Status - Though women have longer life expectancy, and lower mortality from most causes of death at most ages, they report poorer health status (e.g., measured by self-reported well being, or number of days per month of poor mental and physical health). Women have higher prevalence rates of nonfatal conditions that affect quality of life, such as arthritis and depression. Traditional health status assessment tools used by public health have emphasized death rates and life expectancy, which may inadequately represent the actual health status of women. The Department of Health will increasingly emphasize methods of health status assessment that are more sensitive to the unique health issues of women and will advocate for those changes at a national level as well.

◦ Lack of Gender Specific Information in Some Reporting Systems - Producing this report identified several data sources that did not contain gender-specific information. Also, some data categories or coding standards limited our analysis of women's health. For example, women are more likely to be prescribed antidepressant medicines than are men according to literature, but antidepressants are not coded as a separate category in the Medicaid pharmaceutical database. Improvements in these data systems will help future efforts at assessing women's health.

◦ Unintended Pregnancy - Outcomes of unintended pregnancies include abortion, increased risk of maternal mortality, failure to obtain adequate prenatal care, low birth weight, and preterm birth. Preventing unintended pregnancy will require public and private strategies to improve access to and utilization of family planning services.

◦ Women's Mental Health - Mental health problems, especially depression, affect large numbers of women in Utah. The effects at the

individual level are often devastating, and the costs to society in terms of lost potential, employee sick days, and damaged parent-child relationships are enormous. Although this is a serious problem with extremely broad consequences, there is currently no public agency in Utah charged with the responsibility for assessing and assuring the mental health of all people in Utah. The Department of Health will work with the Division of Mental Health, Department of Human Services to develop that role. The first step will be an assessment of the mental health of Utahns and the resources directed at this problem.

◦ Lack of Exercise - Exercise promotes longevity, decreases the risk of heart disease, osteoporosis, and other serious diseases, and promotes overall good mental and physical health. It is generally acknowledged that everyone should exercise; however, roughly half of all women in Utah fail to exercise at levels that will provide those benefits. Lack of exercise is a problem for men and women, but women often have less opportunities for involvement in sports, and also bear a disproportionate share of the tasks required to raise a family. Thus, factors specific to women limit their opportunities for beneficial physical activity.

◦ Osteoporosis - Osteoporosis is a loss of bone mass that can lead to fractures. It very disproportionately affects women and leads to substantial morbidity. It is preventable and to some extent treatable. It lends itself to a public health approach because many of the prevention measures must be provided on a population basis many years before the disease becomes evident. Examples of prevention measures include increased physical activity, adequate dietary calcium, and post-menopausal estrogen replacement therapy.

◦ Violence Against Women - Data indicate that the numbers of women who are victims of

some form of violence (including rape, domestic violence, and other forms of abuse) are increasing. Violence impacts the health and well being of women and of families. Addressing this problem will require collaboration among several agencies, but the Department of Health can play an important role because of its expertise in epidemiology and by convening health care providers to improve identification and intervention in health care settings.

◦ Variability in Cesarean Section and Hysterectomy Rates - Cesarean section is the

most common procedure for hospitalized women both in the US and in Utah, about 17% of live birth deliveries. The rate for women living in rural parts of Utah is even higher. Hysterectomy is the second most frequently performed major operation in the US. The relatively high hysterectomy rate in Utah will require further study, but may indicate that women are being unnecessarily subjected to this surgery. Addressing these and other examples of variability in health care delivery practices provide important opportunities for public and private collaboration to improve the health of Utahns.

