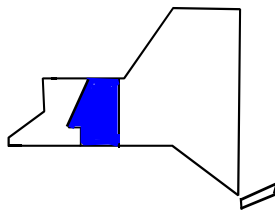


The Health of Women in the Finger Lakes Region



FINGER LAKES
HEALTH SYSTEMS
AGENCY

*Promoting the delivery of accessible, affordable health
care services to the population of the region.*

1150 University Avenue
Rochester, New York 14607
585-461-3520
FLHSA@FLHSA.org

November 2003

Finger Lakes Health Systems Agency (FLHSA) is a health planning organization whose mission is to promote the delivery of accessible, affordable health care services to the population of the region. From its origins in the 1950s, health planning has been an integral part of this community's health care system and has been supported by community leaders, health care providers, insurers, and county governments.

As health care in the region becomes increasingly competitive, FLHSA assesses the effects of that change on the community. It does this by:

- tracking shifts in access to health services and insurance
- monitoring changes in health status of the population
- assessing health needs in the community
- providing community-wide health data.

Copyright, November 2003
by Finger Lakes Health Systems Agency
Rochester, NY 14607

The text of this publication, or any part thereof, may not be reproduced or transmitted in any form or by any means, electronic or mechanical, including photocopying, recording, storage in an information retrieval system, or otherwise, without the prior written permission of the Agency.

Introduction

There has been increasing recognition among health care researchers, policymakers and clinicians that women's health care utilization and health issues vary significantly from men's. These differences must be considered when providing health services to women or developing strategies for improving women's health status.

The Finger Lakes Health Systems Agency (FLHSA) analyzed the available health and demographic data about women in the nine-county Finger Lakes region in order to provide area health care providers, insurers, consumers and community organizations objective information as they plan for the future health care needs of our communities. The topic areas included in this report are:

- Demographics
- Access to Care
- Mortality
- Diseases and Chronic Conditions
- Infectious Diseases
- Lifestyle
- Behavioral Health
- Domestic Violence

The report that follows highlights the most significant¹ findings. Throughout the report specific concerns are noted in bold typeface.

Demographics

Currently there are approximately 1.2 million people living in the nine-county Finger Lakes Region: 650,000, or just over half are women and girls. While women and girls make up 51% of the region's population overall, this proportion increases dramatically as the population ages. Almost two-thirds of the region's 75 and older population are women.

Today 15% of the region's female population is 65 and older, but as the baby boom generation ages and life expectancy increases this proportion will increase. By 2030, almost one-quarter of females living in the U.S. will be 65 or older.

While many older women and men are cared for by informal care givers including family members, neighbors and friends, many are also the care givers for spouses and friends. According to national studies women bear a disproportionate responsibility for the informal care of older adults. A 1999 estimate of the economic value of this type of care giving calculated that informal care givers provide \$196 billion worth of care each year.

Currently in the U.S. there are 215 persons 65 or older for every 1,000 persons 20 to 64 years old. By 2020, the ratio is expected to increase by 75% to 374 senior citizens per 1,000 working aged adults. As life expectancy increases and people live longer the care giving role for women will only increase and extend over longer periods of time. National studies indicate the stress of extended care giving can be detrimental to the health of the care giver. In addition to being less likely to practice preventive health behaviors, elderly care givers have a 63% increase in mortality compared to non-care givers.

As women baby-boomers age, their health status will have a significant impact on the demand for long term care services and on the capacity of the informal care giving system to maintain senior citizens in their homes.

¹ The reader will note that this paper does not discuss issues of pregnancy and childbirth because this analysis was presented in an earlier FLHSA 2000 report, *Maternal and Infant Health in the Finger Lakes Region*.

At the other end of the spectrum, approximately one-third of women in the region are parents or head of a household with children under 18 living with them. More than three-quarters of women in the region with children under 18 are in the labor force. While society is moving toward shared responsibility for children, in many families the mother, whether working outside the home or not, is still the primary care giver for children and must find employment that will accommodate that responsibility.

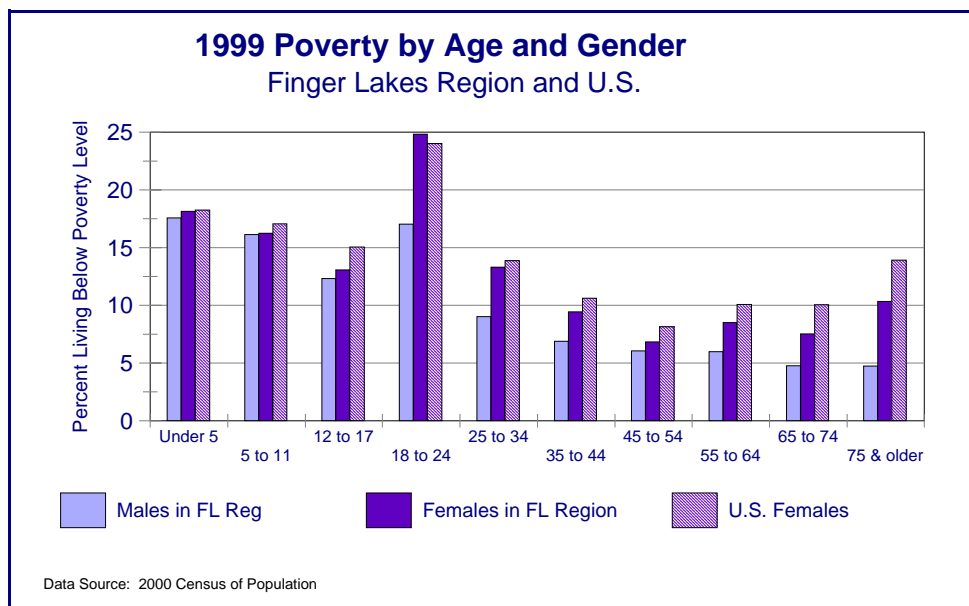
Women in the Finger Lakes Region are one-third more likely to live alone than men (16% compared to 12%) and almost three times as likely as men to be the single head of a family with children. One of the consequences of a single income family is a greater likelihood of living in poverty.

There were 75,500 women and girls in the Finger Lakes Region living in households with 1999 incomes below the poverty level, 12% of the female population.²

Women of all ages in the Finger Lakes Region are more likely than men to live in poverty. The disparity between men and women is most obvious for women 18 to 24 years old and women 75 and older. While poverty in and of itself does not cause poor health status, there is a strong correlation between poverty and health status. Poverty limits choices, particularly choices that impact healthy life styles. For example, affordable housing for those living in poverty is often found in crime ridden neighborhoods with little opportunity for exercise and limited access to grocery stores with fresh produce. In rural communities, poverty often translates into both geographic and social isolation and the inability to get to needed services, such as primary health care.

Almost three-quarters (72%) of 21 to 64 year old women living in the region are employed. This is well below the 80% employment rate for men in the same age group. In addition to being less likely to be employed, women in the region are also less likely to be employed full time or year round. This level of employment limits women’s access to health insurance which, if offered by an employer, is often only available to full time employees.

Only half of the women who work outside of the home, work full time year round. As access to health insurance becomes more constrained by employers, how will women maintain coverage?



² Federal Poverty Level (2003): 1 Person: \$ 8,920/year; 2 Persons: \$12,120/year ; [add \$ 3,140/year for each additional family member]

Access to Care

National studies estimate that inadequate access to medical care is responsible for 10% of premature mortality in the U.S. A person's ability to access care – and therefore prevent disease or effectively treat the effects of disease – is affected by many factors including:

- insurance status
- transportation
- ability to pay out of pocket expenses for health care
- ability to get or afford time off from work and,
- the cultural sensitivity, including linguistic competence, of the health care provider.

A survey conducted by the Rochester and Monroe County Partnership on the Uninsured (RMCPU) in October 2000 found that approximately the same proportion of women (9%) and men (10%) age 18-64 did not have health insurance.

The survey also found, however, that women were twice as likely as men to be insured by Medicaid (11% compared to 5%). The survey found that of those who had health insurance at the time of the survey, 12% of women and 8% of men had been uninsured sometime in the past 24 months. Individuals with health insurance are more likely to use preventive health care, while those who are uninsured tend to delay seeking care. Both the uninsured and the publicly insured are more likely to use the hospital emergency department for non-emergency care.

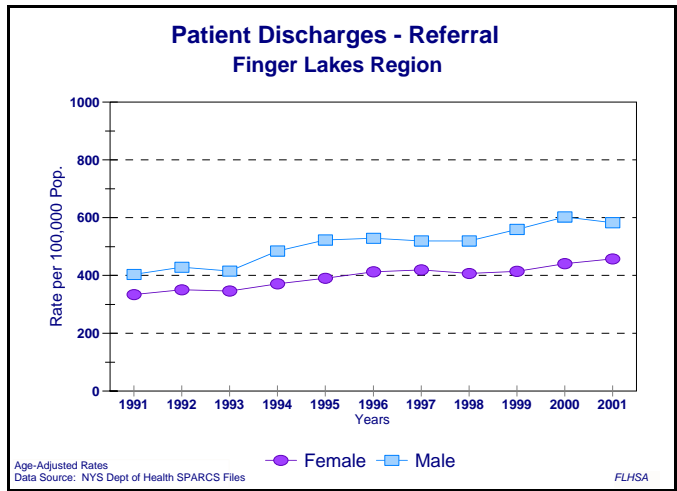
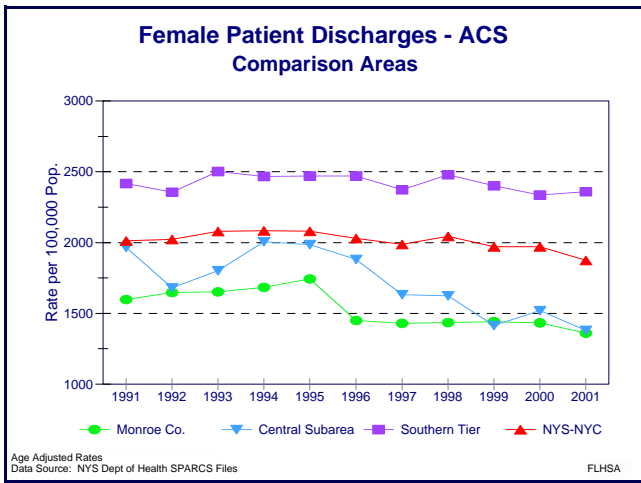
The 2000 RMCPU survey included questions on access to care. The vast majority of women 18 to 64 years old (92%) indicated that they had a regular doctor and 93% indicated that they had a place to go when they were sick.³ Women were also more likely than men to have had a complete physical in the last 3 years (79% vs 69%). The survey also found that women are more likely to have been prescribed a medication for a chronic condition than men (52% vs 39%) and were more likely to not fill the prescription or take smaller doses because of cost (38 vs 22%).

One measure of access to care is the Ambulatory Care Sensitive hospitalization rate. These are hospitalizations for conditions such as asthma, diabetes and hypertension which probably would have been unnecessary if adequate primary out-patient care was available and used.

Overall there has been some improvement in ACS rates for women in the Finger Lakes region during the last decade. The improvements are particularly evident in Monroe and the Central Subarea counties while ACS rates have changed little in the Southern Tier counties of Chemung, Schuyler and Steuben.

Another measure of access is hospitalizations for referral sensitive procedures, which include surgeries such as hip and knee replacements. These are procedures that generally require a referral from a primary care physician and are often considered elective procedures, although having a joint replacement can significantly reduce disability and increase independence. Hospitalizations for referral sensitive procedures in the Finger Lakes Region have increased for both men and women during the last decade, but the improvement was more for men (45% increase compared to 37% for women), leaving women's referral sensitive hospitalization rate more than 20% below the rate for men.

³ A similar survey conducted in rural Seneca County found that 89% of women indicated they had a regular doctor and a regular place to go for care.



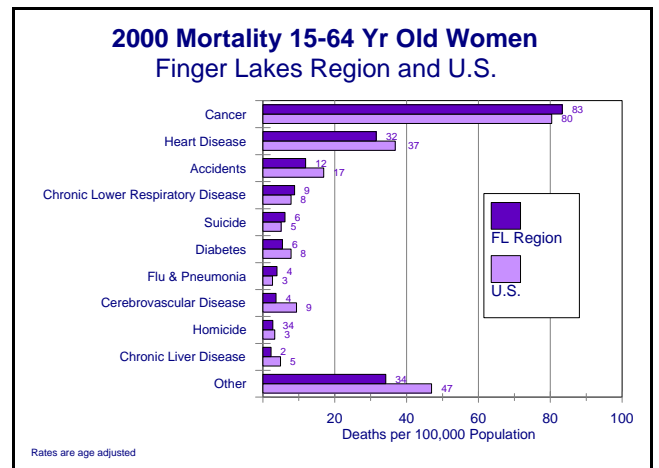
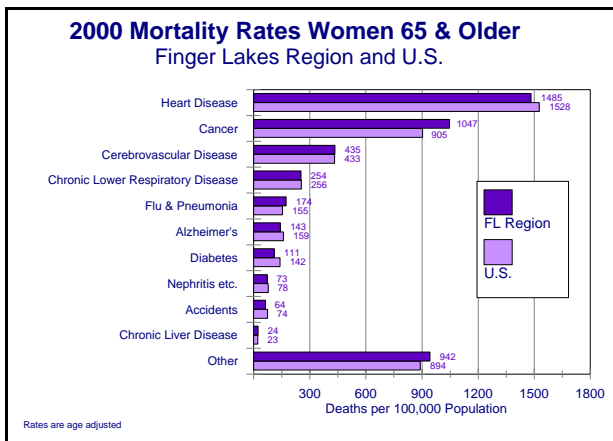
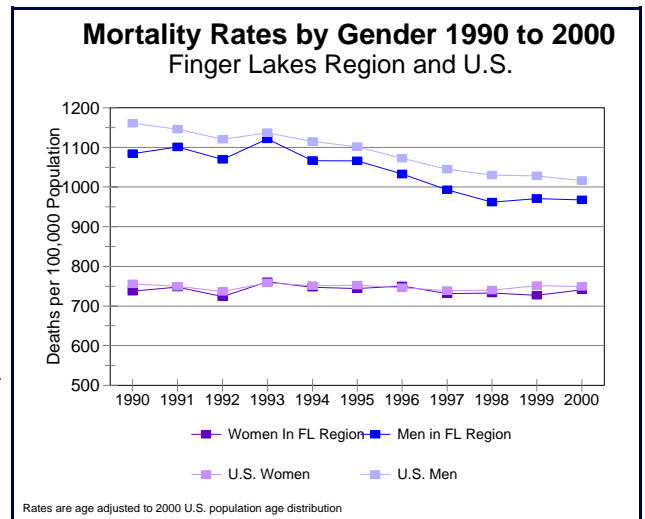
Mortality

During the last decade women's overall mortality rate remained virtually unchanged, while the mortality rate for men declined by 11% in the Finger Lakes Region.

The overall mortality rates for women in the Finger Lakes are generally in line with national mortality rates for women, with some exceptions:

- the cancer mortality rate for Finger Lakes women is 11% higher than the national rate,
- flu and pneumonia mortality rates are 14% higher in the Finger Lakes, and
- suicide rates for women in the Finger Lakes are 16% higher than national rates.

The two leading causes of death, which accounted for over half of the mortality in women and men, were heart disease and cancer. These are the leading causes of death for those under 65 as well as for those over 65. Cerebrovascular disease (stroke) is the third ranked cause of death for those 65 and older, with a slightly high rate among women than men. Women 65 & older have a mortality rate for Alzheimer's that is 1.4 times that for men.

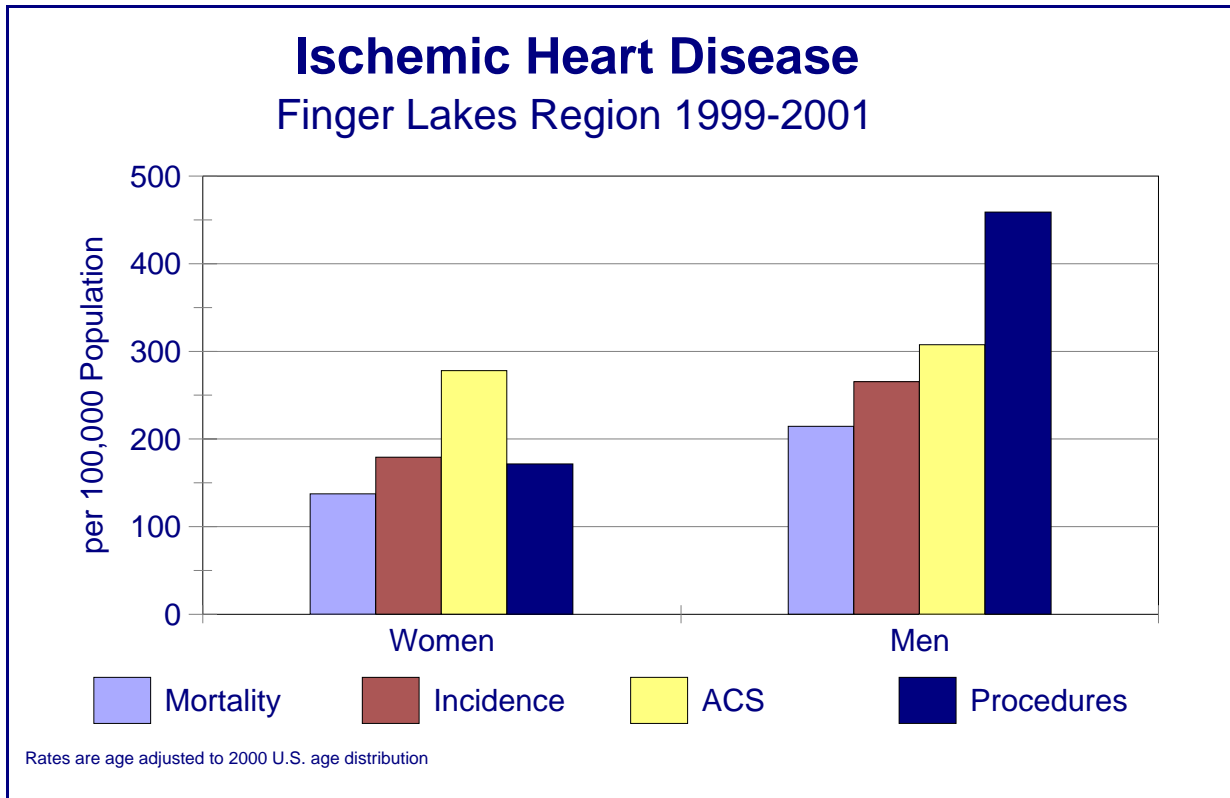


Diseases & Chronic Conditions

Heart Disease

Heart disease is the leading cause of death for both men and women. The mortality rate for ischemic heart disease⁴ has decreased 22% for women and 25% for men over the last decade, leaving the mortality rate for women 35% below the rate for men. While progress has obviously been made in identifying and treating heart disease, this progress has not benefitted all segments of our community. The rate of ACS ischemic heart disease, hospitalizations that might have been prevented by improved ambulatory care, has changed very little over the last decade. ACS ischemic heart disease hospitalizations decreased only 7% for women compared to 17% for men, and the ACS ischemic heart disease rate for women is 90% of the rate for men, while incidence and mortality rates for women are only 65% of the rates for men.

While women in the Finger Lakes region are 65% as likely as men to die from heart disease, they have only 40% as many cardiac procedures – i.e. coronary artery bypass and angioplasty. However, women and men are almost equally likely to be hospitalized for Ambulatory Case Sensitive heart conditions.



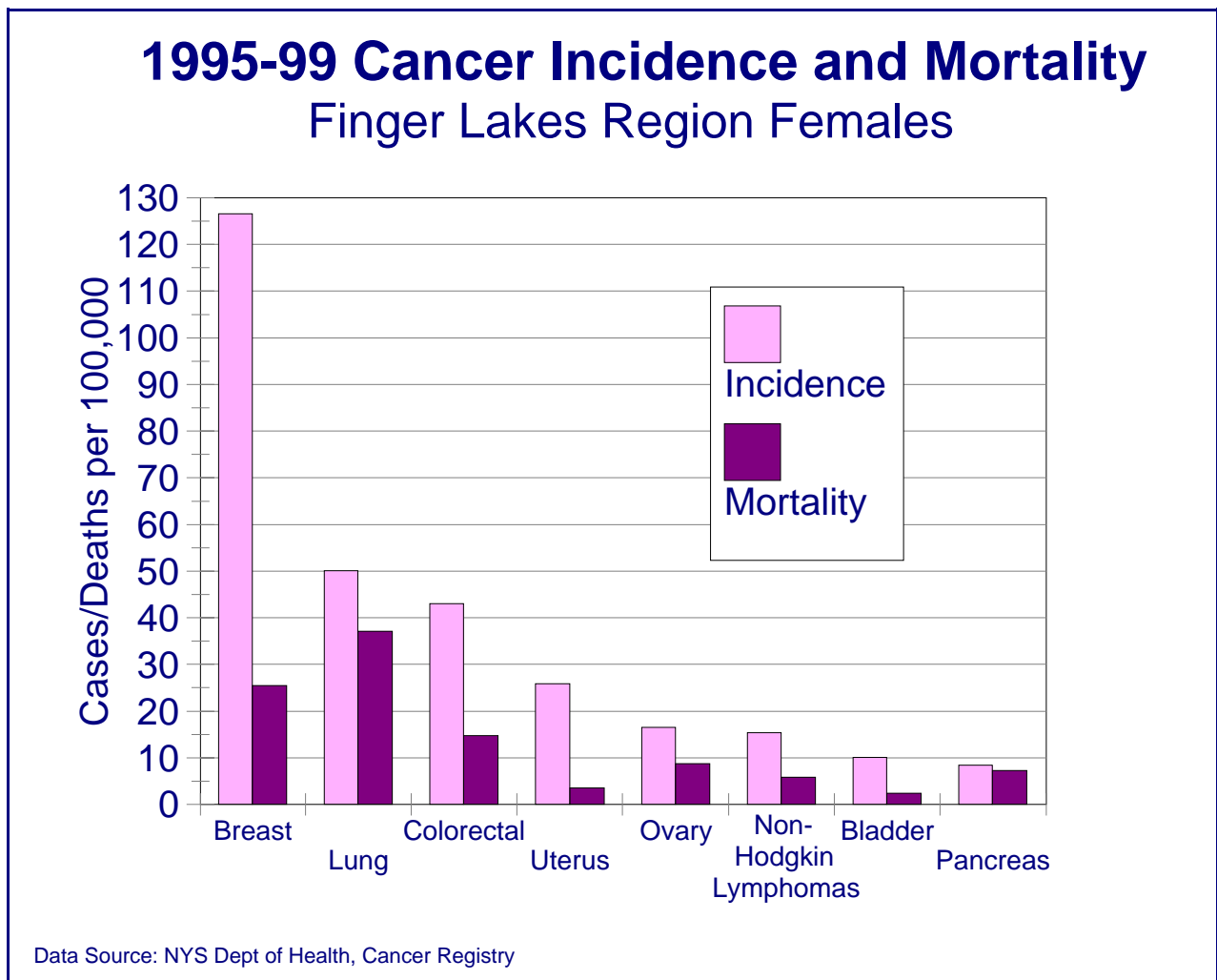
⁴Ischemic heart disease is a condition in which there is a reduction in blood and oxygen flow to the heart muscle due to a narrowing of arteries. It is the most prevalent form of heart disease and can ultimately lead to a heart attack.

Cancer

Although the leading cause of cancer mortality in women is lung cancer, the highest incidence of cancer is breast cancer.

While lung cancer incidence in women remains 40% below the rate for men, the incidence rate for men decreased by 5% between 1995 and 1999 but increased 13% among women. Female lung cancer mortality increased 10%. In 2000 the lung cancer mortality rate for women in the Finger Lakes Region was 17% higher than the national rate. The increase in lung cancer reflects the historic increase in smoking among women following World War II.

The incidence of breast cancer in the Finger Lakes increased by 11% during the last decade, while breast cancer mortality rates decreased by 9.5%. The local breast cancer incidence rate is about 10% higher than the national average, but local breast cancer mortality is lower than national. The higher incidence locally may in part reflect successful outreach and education efforts focused on early detection and treatment that have resulted in higher utilization of clinical breast exams and mammograms in the Rochester area.

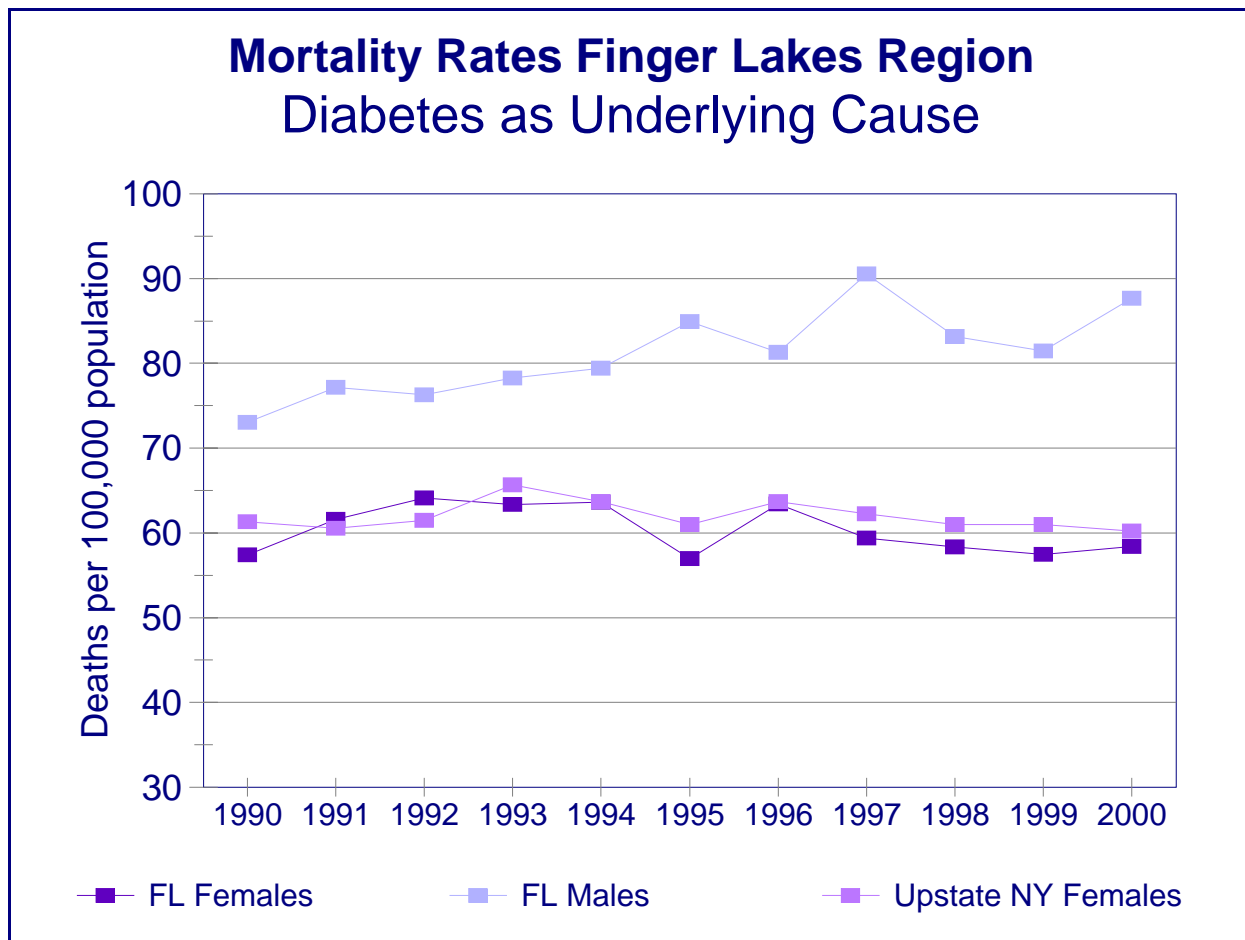


Diabetes

Diabetes is ranked the sixth leading cause of death among women 15 to 64 in the Finger Lakes Region, and was the seventh-ranked cause of death among women 65 and older. Individuals with diabetes are at greater risk of developing heart and kidney disease, and diabetes is the leading cause of kidney failure. The risk of death due to stroke and heart disease is approximately two to four times higher in diabetics than in those without diabetes, and an estimated 60% to 65% of diabetics have hypertension.

In 2000, there were 142 deaths with diabetes as the direct cause among women in the Finger Lakes and 468 deaths with diabetes as an underlying cause. There has been very little change in diabetes-related mortality among women during the last decade, while the rate climbed steadily for men.

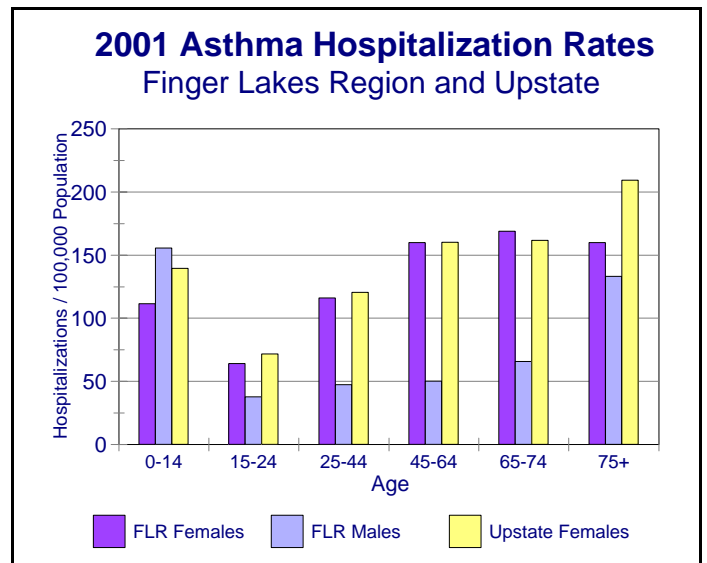
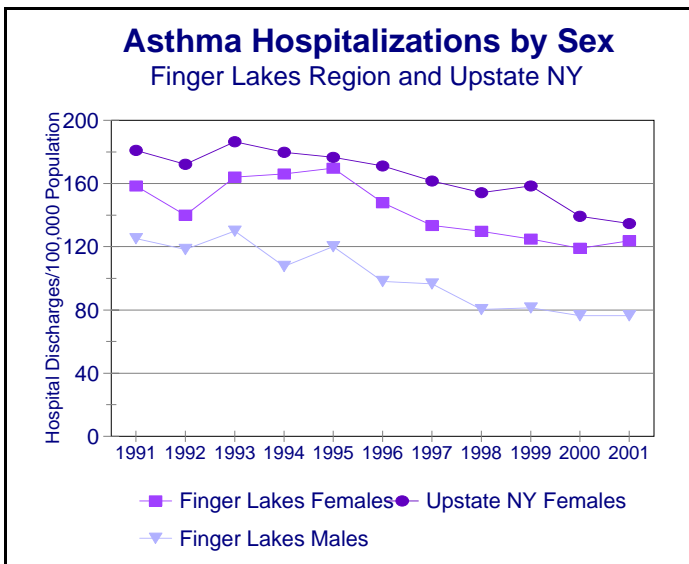
Diabetes hospitalizations are considered Ambulatory Care Sensitive (ACS) hospitalizations. If one is receiving adequate primary ambulatory care for diabetes there should be little need for an inpatient hospitalization. A high level of hospitalization for diabetes is an indication of lack of access to effective primary care. In the Finger Lakes Region in 2000 there were 714 hospitalizations for women with diabetes as the primary diagnosis - 103 hospital admissions per 100,000 women in the Finger Lakes. That was almost 20% below the rate for upstate NY women of 125 admissions per 100,000 and more than 20% below the rate of 131 for men in the Finger Lakes.



Asthma

While women in the Finger Lakes region are less likely to be hospitalized for asthma than other women in Upstate New York, they are 60% more likely than men living in the region to be hospitalized for asthma. Further, since 1991, hospitalizations for asthma have declined at a greater rate for men than for women. Asthma is also considered an ambulatory care sensitive condition. Much of the community's efforts in improving outpatient asthma care are focused on children, and in fact the asthma hospitalization rates for children are almost 30% below the rates for the rest of upstate. Women 75 & older also seem to fare better than those in the rest of upstate, with rates over the last few years that were 20-25% below Upstate rates.

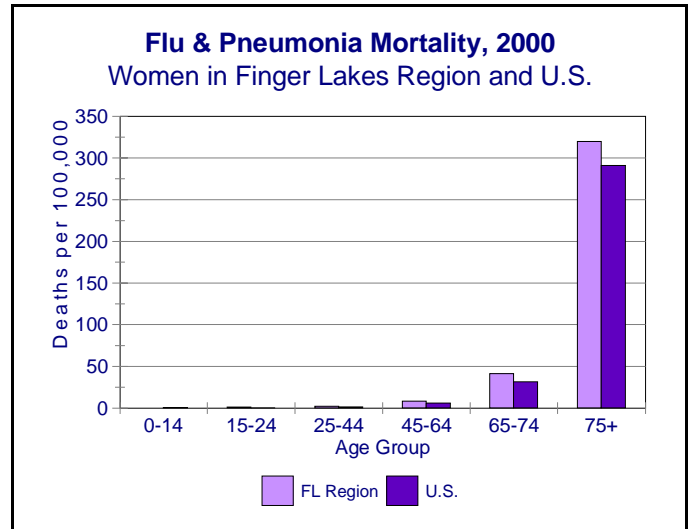
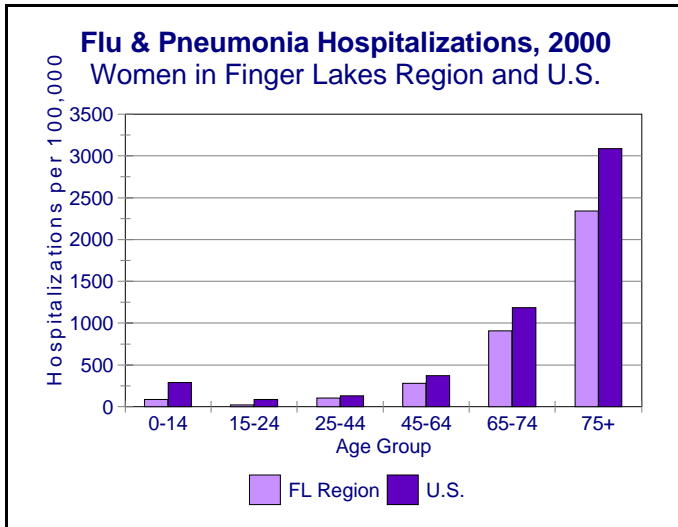
More than half of the females in the region hospitalized for asthma in 2001 were 25 to 64 years old. While these are rates that are comparable to overall upstate NY women's rates, the lower rates for girls and older women indicate that we have the ability to improve asthma care and lessen the demand for inpatient hospitalizations.



Infectious Diseases

Flu and Pneumonia

Receiving annual flu shots and a vaccine to prevent pneumonia can lessen the severity of illness and the need for hospitalization. Monroe County self-reported flu immunization rates for 65 & older population are slightly higher than national rates (69% in 2000 compared to U.S. rate of 66% in 2001) and are substantially higher for pneumonia vaccination (75% vs. 61%).⁵

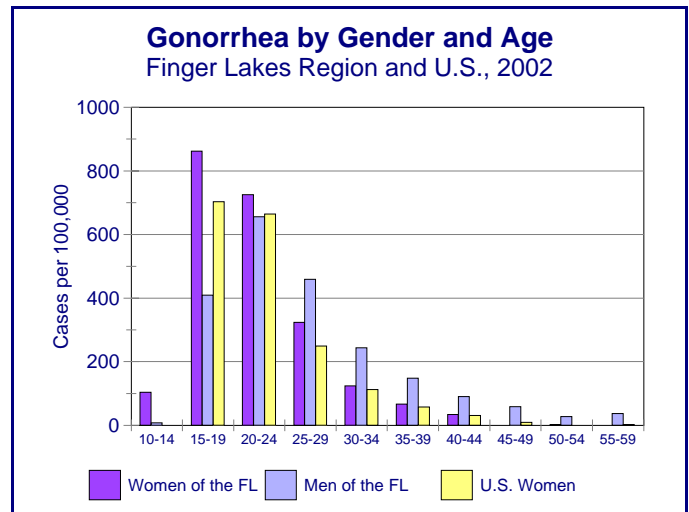


Given that women in the Finger Lakes are less likely to be hospitalized for influenza or pneumonia than women nationally and are as likely or more likely to have had a flu shot or received a pneumonia vaccination, it is unclear why Finger Lakes women are 14% more likely to die from flu and pneumonia.

Sexually Transmitted Diseases (STDs)

Monroe County has the highest gonorrhea rate of any county in New York State, including New York City. The rates are highest for young women 15 to 24 years old. Nationally it is estimated that reported rates may underestimate the true rates by 50%, partially because an estimated 80% of gonorrhea infections in women are symptomless.

For women 15 to 19 years old in the Finger Lakes Region the reported gonorrhea rates are double those for men in the same age group and 20 % higher than the U.S. rate for women in that age group. Other STDs exhibit similar patterns.



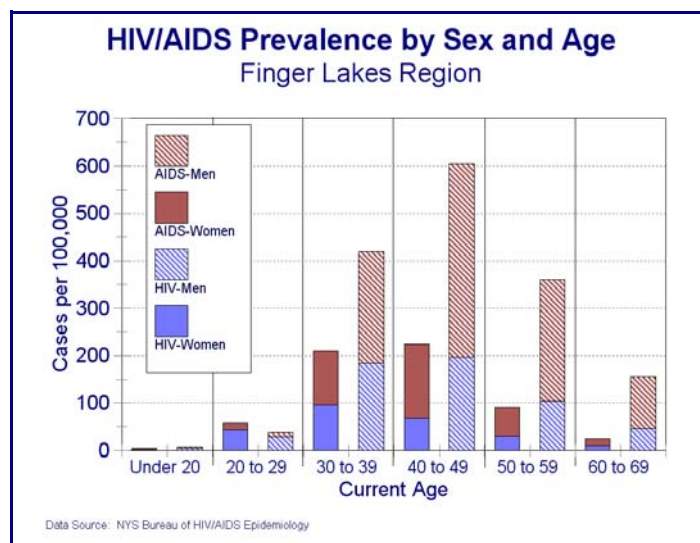
⁵ There is no significant difference in the rates for women and men in Monroe County.

HIV/AIDS

The New York State Bureau of HIV/AIDS Epidemiology statistics indicate that there are approximately 1,900 individuals diagnosed with HIV or AIDS living in the nine-county Finger Lakes Region. An estimated 29% or 556 of the cases are among women.

Among women, those between 30 and 49 have the highest prevalence rates and account for three-quarters of the

identified HIV/AIDS cases among women.⁶ The prevalence of HIV among women is substantially below prevalence rates for men except for those under 30. This may be a reflection of recent testing efforts or it may be the result of unprotected sexual intercourse previously suggested by high gonorrhea rates for younger women.



Life Style

A healthy life style, including physical exercise, good nutrition, not smoking, not abusing alcohol or drugs and maintaining a healthy weight, can substantially reduce the risk for many chronic diseases. For example, it is estimated that a 2 pound increase in the U.S. average weight is responsible for a 9% increase in diabetes prevalence, and a recent study found that obesity might account for 20% of all cancer deaths among women in the U.S.

The 2000 Monroe County Adult Health Survey conducted by the Monroe County Health Department found that:

- only one-quarter of women 18 to 64 participate in moderate physical activity for 30 minutes a day, compared to one-third of men;
- over one-fifth of adults in Monroe County were obese in 2000, with no significant difference between men and women;
- one-quarter (24%) of Monroe County adults had smoked one or more cigarettes during the preceding month, with no significant difference in the rates for men and women;
- women were less than half (40%) as likely as men to be told that they had a substance abuse and/or alcohol problem;
- women were 38% as likely to engage in binge drinking of alcoholic beverages.

⁶HIV became a reportable disease in New York State as of July 1, 2000. Therefore, the prevalence rates on the accompanying chart represent only 18 months of testing and case finding and may substantially under-estimate the prevalence of HIV among women. Unlike most published data which provide age at the time of diagnosis, the accompanying figure provides *current age* and allows the calculation of prevalence rates. While age at time of diagnosis is useful in planning prevention programs, current age is more appropriate for planning service delivery.

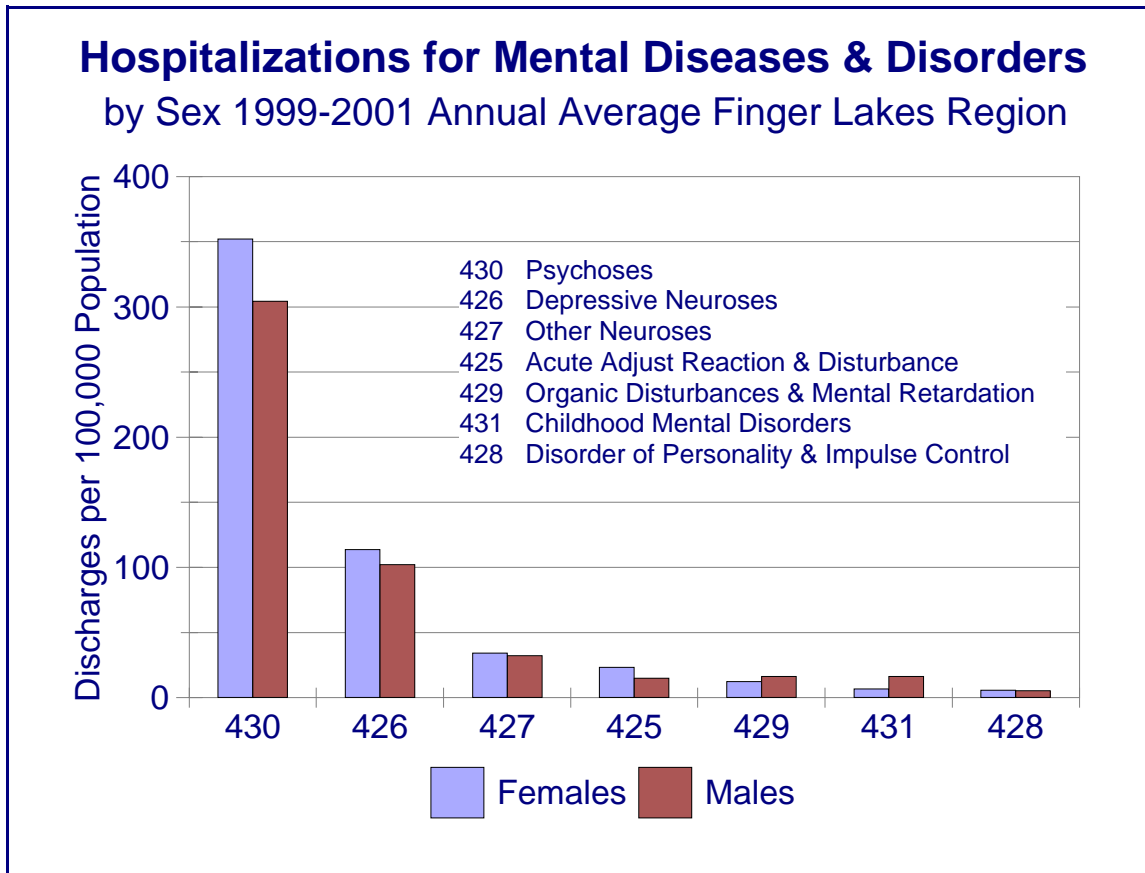
Behavioral Health

Analysis of the incidence or utilization of services for mental health disorders and substance abuse locally and nationally is limited by the availability of data. Comprehensive data sources are not available because much of the care is provided in the outpatient setting and is paid for out of pocket because of limited insurance coverage for behavioral health conditions. Consequently, the reader is cautioned that the discussion that follows provides a limited picture.

Mental Health

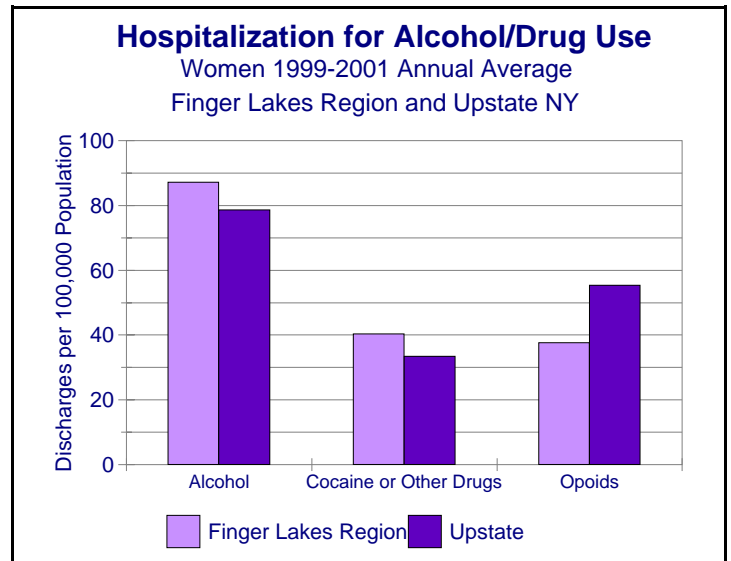
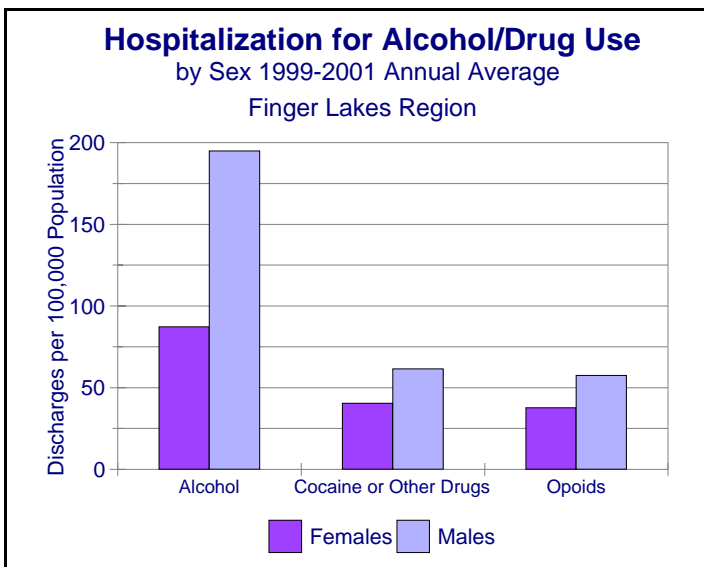
Nationally, research has demonstrated that there is little difference in the prevalence of mental illness between men and women, although there are differences in the specific diagnoses.

Local inpatient hospitalization data indicate that there is little difference in the hospitalization rates for mental diseases and disorders between men and women in the region, as illustrated below.



Substance Abuse

As with mental illness, substance dependence and abuse prevalence rates based on surveys and treatment data are primarily available only for inpatient and public out-patient programs. Local inpatient hospitalization data indicate that women are less than half as likely to be hospitalized for alcohol use as men and are two-thirds as likely to be hospitalized for drug use. Hospitalization of women in the Finger Lakes Region for alcohol use is 11% above the rate for upstate women overall. Hospitalization for opioid use for women in the Finger Lakes is 35% below the rate for upstate women overall while the hospitalization rate for cocaine and other drugs is 20% above the rate for upstate women. This difference may be a reflection of the availability of different drugs in different communities.



Domestic Violence

Violence, especially domestic violence involving an intimate partner, is a significant public health concern of women. Domestic violence involves increasing intimidation through repeated battering and injury, psychological abuse, sexual assault, increasing social isolation and deprivation. It cuts across all racial/ethnic and socioeconomic groups. It is estimated that one quarter of women in the United States will be abused by a current or former partner at some time during their lives. In 2000 approximately 18,800 domestic violence incidents were investigated in the Finger Lakes Region. Within the region, two counties had investigation rates that were higher than the upstate average of 144 reports per 10,000 population – Monroe with 191 cases per 10,000 and Seneca with 158 cases/10,000. From those investigations there were 4,800 crime reports filed; an estimated 75% of the victims were female.

Conclusions

The analysis of women's health in the Finger Lakes region was prompted by the questions "Is the health of women in the Finger Lakes different than that of their male counterparts, and if so how?" As is often the case with such analysis, more questions are raised:

- Why is it that women – who are more likely to have a usual source of care and to see a healthcare provider on a more regular basis – are less likely to have some elective procedures and, apparently, postpone care for treatment of chronic conditions until they are acutely ill?
- How do we reduce the prevalence among women of unhealthy behaviors such as smoking, lack of physical exercise, unhealthy diets and unsafe sex?

It appears that women's family roles, stress and economics play a major role:

- Women are very good at assuming the role of primary care giver for the people in their lives – "Dr. Mom" – except for themselves. For example,
 - smoking, which is not yet decreasing in women as in men, leading to increases in lung cancer, asthma, and a slower decline in heart disease than among men;
 - obesity, due in part to unhealthy diet and lack of exercise.
- Women lack effective access to primary care, as demonstrated by Ambulatory Care Sensitive hospitalizations.
- Women are more likely than men to work in hourly and other jobs which do not provide adequate health insurance coverage, and which often require unpaid time off in order to seek care.
- Female-headed households with children are significantly more likely to live in poverty.

Some of these stressors are economic issues which are well beyond the capacity of the health care system to solve. However, that system can respond to these issues in ways which can help assure access to health care for women. For instance, physician practices can provide more evening and weekend hours, as pediatric practices currently do. Further, practices can consider open scheduling with same-day appointments. Also, insurers and providers should explore incentives to increase the after hours availability of both preventive and urgent care.

Finally, because economics does play a role in women's health, the community and society at large must address the issue of living wages and health insurance coverage for all.

**This Health Matters report was made possible with support from the
Rochester Area Community Foundation.**

Additional copies of this, and other FLHSA publications, may be obtained by
calling or writing:

Finger Lakes Health Systems Agency
1150 University Avenue
Rochester New York 14607
Phone: 585-461-3520 * * * Fax: 585-461-0997 * * * TTY: 585-461-4075
E-Mail: FLHSA@FLHSA.org

Other Titles Available in the *FLHSA Health Matters* Series include:

The Evolving Integration of Health Care Systems in the Rochester Area

Insurance Terms: A Health Insurance Primer

Breast Cancer in the Finger Lakes Region

Flu & Pneumonia in the Finger Lakes Region

HIV/AIDS in the Finger Lakes Region

Medicaid Managed Care in the Six County Finger Lakes Region

Mortality in the Finger Lakes Region: Men vs. Women

Options for Long Term Care: A Patient and Family Guide

Medicare+Choice: A Consumer Guide

Why Should the Rochester Area Be Concerned About the Uninsured?

¡Nuestra Salud!: The Health of the Hispanic Community In the Rochester Area

Maternal and Infant Health in the Finger Lakes Region

Capacity Matters

Long Term Care: its Not Just Nursing Homes Anymore

AIDS In the Finger Lakes Region

Leading Health Indicators for Monroe County

The Potential Effects of Hospital Consolidation on Access to Care: Questions for the Rochester Community