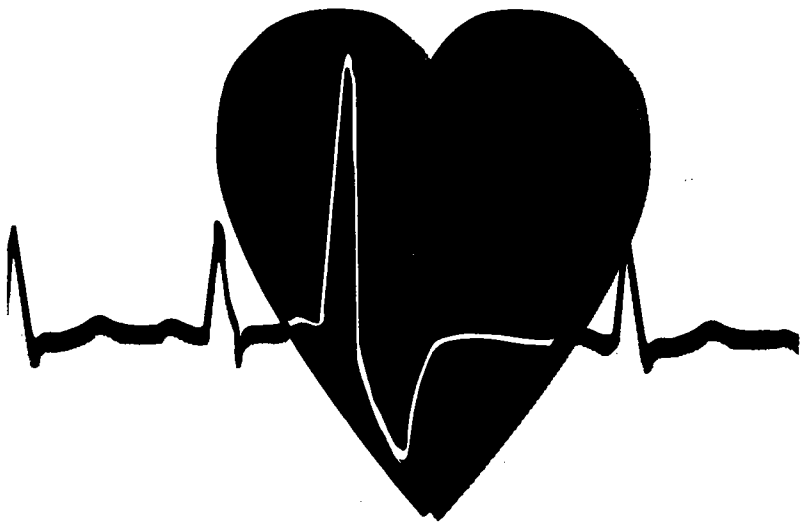
Florida Commission on the Status of Women

Women and Health



A Status Report: 1996

Florida Commission on the Status of Women
A Status Report

Women and Health

Health Care Committee

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Greetings:

The 1996 Women and Health Report is a special presentation by the Health Care Committee of the Florida Commission on the Status of Women.

The report is not intended to cover every aspect of "Women's Health". Its purposes are to look at key health care issues facing women in Florida as compared with national issues and to provide the public an updated overview. Also, this report will reflect on some aspects of the 1993 report, identify continued deficiencies and improvements, and seek support for areas requiring persistent attention.

While it is well recognized that health care concerns such as domestic violence, mental health, and adolescent risk behaviors have a major impact on the health care delivery system for women, they are not specifically addressed in this report. This is due, in part, to the extensive report to the public by the Governor's Task Force on Domestic Violence (1994, 1995) and the Florida Education and Employment Council for Women and Girls (1995). Some aspects of mental health will be addressed through an Internship Research Report due in early 1997.

Increased awareness, personal prevention and early intervention, in addition to accessible and affordable quality health care are standards by which the Commission must measure the success of Florida's Health Care Delivery System. Based on this report, the challenges remain with each citizen to eliminate all barriers to quality health care for women.

Sincerely,

Marsha G. Rydberg

Marsha Griffin Rydberg, Chair
Commission

Elsie B. Crowell

Elsie B. Crowell, Chair
1995-96 Health Care Committee

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WOMEN AND HEALTH
A STATUS REPORT

The purpose of this Special Health Report of the Florida Commission on the Status of Women is to assess the status of women's health since the 1992-93 Report. Many of the concerns about women's health remain unchanged and create an even greater sense of urgency to look at quicker methods for addressing some of the more critical areas outlined in this report.

Across the United States as well as Florida, heart disease, cancer, and strokes are the leading causes of death in men and women. These diseases account for 67 percent of American women's deaths (American Woman 1994-95; 114).

According to the National Institutes of Health, American women continue to be frustrated about the lack of answers to serious questions about their health care. The Office of Research on Women's Health identified the top health concerns that women believe have the most serious impact on their lives are as follows: heart disease, breast cancer, sexually transmitted diseases, immune-system diseases, diabetes, lung cancer, reproductive health, behavior factors related to disease prevention/intervention, occupational and environmental effects on health, health and mental health factors associated with depression, eating disorders..., and health and mental health factors associated with violence, child abuse, domestic violence, physical and sexual assault (Tallahassee Democrat, Facing Women's Health Concerns, reprinted NIH, June 27, 1995).

Some advocates and women's health experts believe that the scales of medical research continue to tip toward men and that women continue to be frustrated by a lack of answers to serious questions about their health care. Some experts are concerned that the

necessary funding, particularly in tight budget years, will not be available to support adequate research for women's health.

National data and statistics as provided by the Office of Women's Research clearly reflect a crisis in women's health. A closer review of this information revealed the following:

>Women will constitute the larger population and will be the most susceptible to disease in the future.

>Overall, women have worse health than men.

>Certain health problems are more prevalent in women than in men.

>Certain health problems are unique to women or affect women differently than they do men.

(Report of the National Institutes of Health: Opportunities for Research on Women's Health, Summary Report, 1991; 7)

Some consistent disturbing trends in women's health as evidenced by the last report continue to warrant close attention and action due to the large number of women dying from heart disease. Nationally, exceeding all forms of Cancer, the leading cause of death in women is heart disease, which accounts for 41.6 percent of women's deaths (National Center for Health Statistics, 1993).

Lung cancer has surpassed breast cancer as the leading cause of cancer deaths in the United States. Yet, more than 28 percent of women ages 25-34 smoke.

Invasive cervical and breast cancers can be greatly reduced by Pap smears and mammography. Still, many women throughout the

nation, especially those with lower incomes or limited education, fail to receive Pap smears routinely.

AIDS is spreading more rapidly among women than men. AIDS is now the leading cause of death for Black women 24-44 years of age.

The health status of women of color differs from that of whites throughout the United States. For example, blacks suffer from more undiagnosed diseases, higher rates of disease and illness, and a large number of chronic conditions such as hypertension and diabetes.

Alcoholism and its effects through successive generations of Native American women appear in their higher death rates from alcohol-related syndromes, cirrhosis, and liver disease.

The primary health concerns for women who are of reproductive age are different from those of postmenopausal women. Although it is increasingly clear that menopause alters the risk of certain conditions such as heart disease, much more research is needed to determine its effect on women's long term health.

These issues and how they affect women in terms of race, age and economic circumstances are yet to be fully explored based on extensive data and appropriate research.

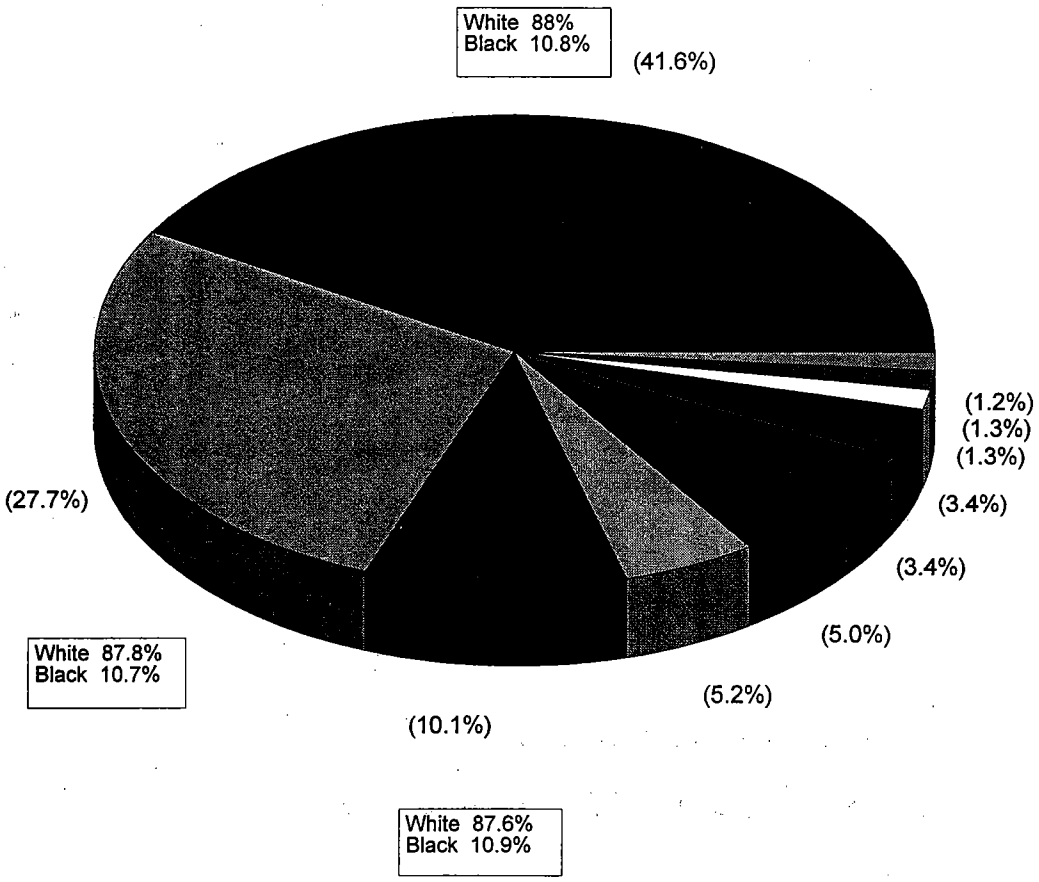
The top ten causes of death in American Women are shown on the following pages with one distribution reflecting white and black females. The Center for Health Statistics is working to expand its data on race to provide information on females who are not included.

A cursory review of the charts on pages 5 and 6 will show that Black females are dying from certain diseases (HIV, Perinatal, and Homicide) at a higher rate than white females. These three types of

diseases are not reflected in the top ten causes of death for all women.

This report will again look at diseases that affect the majority of women in Florida and how they differ or remain the same as in the overall United States. While some progress is underway, one of the greatest problems with medical treatment conventionally given to women is that women have not been fully represented in the medical research that produced the treatment. Research is now beginning to suggest that women have not had equal access to a full range of medical options.

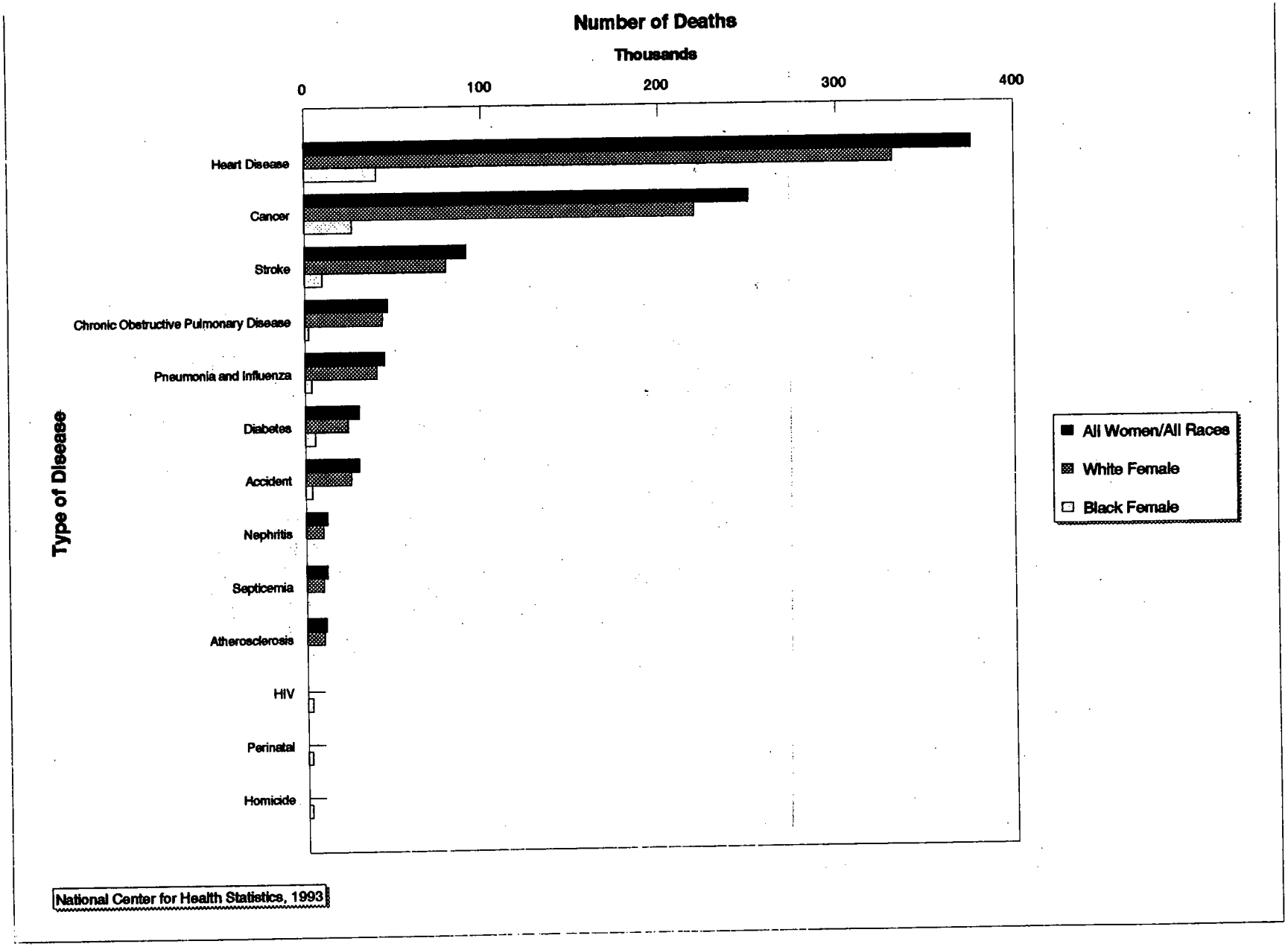
Top Ten Causes of Death In American Women (1993)



- Heart Disease (41.6%)
- Cancer (27.7%)
- Stroke (10.1%)
- Chronic Obstructive Pulmonary Disease (5.2%)
- Pneumonia and Influenza (5.0%)
- Diabetes (3.4%)
- Accident (3.4%)
- Nephritis (1.3%)
- Septicemia (1.3%)
- Atherosclerosis (1.2%)

National Center for Health Statistics, 1993

Top Ten Causes of Death in American Women by Race (1993)



National Center for Health Statistics, 1993

FCSW HEALTH CARE RECOMMENDATIONS 1996-97

1. Establish a Central Health Resource Center for Florida Women.

2. Request the newly established Department of Health to create and staff a permanent Women's Health Bureau.

3. Continue to monitor the collection of data on Women's health with responsible agencies to develop Benchmark Information and address the unique needs of different ethnic groups for future review and action.

4. Coordinate a carefully designed Public Awareness Campaign to educate women on health topics and risk factors that can be changed to increase the quality of their lives.

5. Present an action plan to Legislators and other concerned organizations to address health issues as well as the uninsured population of families and children in Florida.

6. Assist in the recruitment and encouragement of eligible women to participate in the clinical trials conducted by the National Institute of Health (NIH) in Florida.

7. Monitor and initiate action to ensure that the unique needs of the elderly population are addressed, particularly in view

of the large percentage of females who outlive their spouse and/or live alone for long periods of time.

8. Research the topic of Women's Mental Health: Lack of Adequate Insurance Coverage for Diagnosis and Treatment.

Note: These recommendations are not only appropriate for adoption by the Florida Commission on the Status of Women but by all organizations striving to increase the accessibility, affordability, and quality of health care services for women in Florida.

FLORIDA WOMEN'S HEALTH CARE

Florida is the nation's fourth largest state with 14.2 million residents. Its population growth will continue with an additional 1.3 million residents by the year 2000 (Florida Economic and Demographic Research, 1996). It is important to note the key differences of Florida's population from the nation as a whole. Almost 20 percent of the residents are age 65 or older with a large Hispanic population concentrated to a larger degree in Dade County.

These numbers alone change the health care arena since many illnesses such as heart disease and cancer are more prevalent in later years. Florida's age-adjusted rates are similar to the nation's population for the leading cause of death. (See pie chart for Florida.) However, the death rate from HIV/AIDS in Florida is twice the national rate and nonwhite deaths from HIV/AIDS are three times higher than whites. Violent deaths from motor vehicle accidents, homicide and suicide combined are 17 percent higher than the national rate (HealthScan Florida: A Statewide Data Summary, 1995).

Consequently, Florida is still viewed as an unhealthy state in terms of key health care indicators such as diseases, mortality, lifestyle, access, disability, and prenatal care. In fact, one source indicates that Florida leads the nation in violent crime: over 1,200 offenses per 100,000 population (The Reliastar State Health Rankings, 1995 Edition; p. 22).

The top ten causes of death among Florida Women Residents across all age groups are as follows: heart disease, cancer, stroke, chronic obstructive pulmonary disease (COPD), Pneumonia and Influenza, diabetes, accident, HIV, chronic liver disease and cirrhosis, and atherosclerosis (FL HRS Vital Statistics, 1994).

LEADING CAUSES OF DEATH CHANGES BY RACE

White Florida Female Residents

Among white Florida female residents, across all age groups, the causes of death is the same as that for all females--with two exceptions. Slightly more white women die of accidents than of diabetes (1,408 vs. 1,381), and HIV does not appear among the top causes of death.

Black Florida Female Residents

Among Black Florida female residents, across all age groups, the order of the three main causes of death remain the same as for the general female population. Important differences in order, however, are the prominence of HIV (fourth), perinatal conditions, (eighth), and homicides (tenth).

Hispanic Florida Female Residents

Among Hispanic Florida female residents, across all age groups, heart disease, cancer and strokes remain the same as the top three causes of death; after those three, diabetes, accidents, and homicides are among the top ten causes of death.

Haitian Florida Female Residents

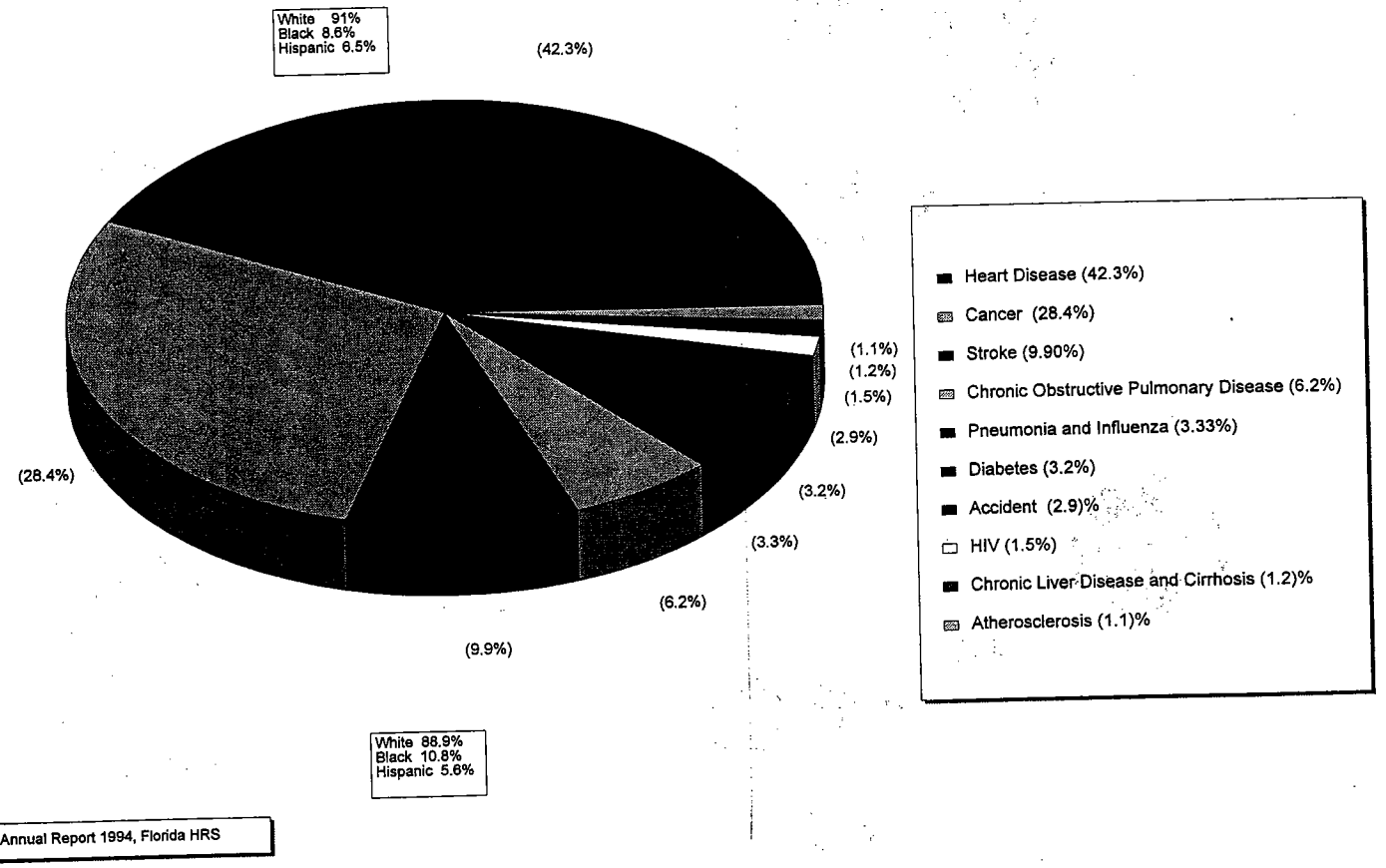
Among Haitian Florida female residents, across all age groups, the leading causes of death differ from those affecting the entire population: HIV (first), cancer (second), and heart disease (third). Only seven rankings are provided for the Haitian population.

There are three categories of population not specifically identified by race in the Florida Vital Statistics Information. They include Florida female residents of non-Hispanic or Haitian Origin, Florida Female

Residents of "Unknown Race", and Florida Female Residents "Others." Among these categories, the main causes of death are the same as for the general population with one exception: accidents rank third among females in the category, "Unknown Race" (FL HRS Vital Statistics, 1994).

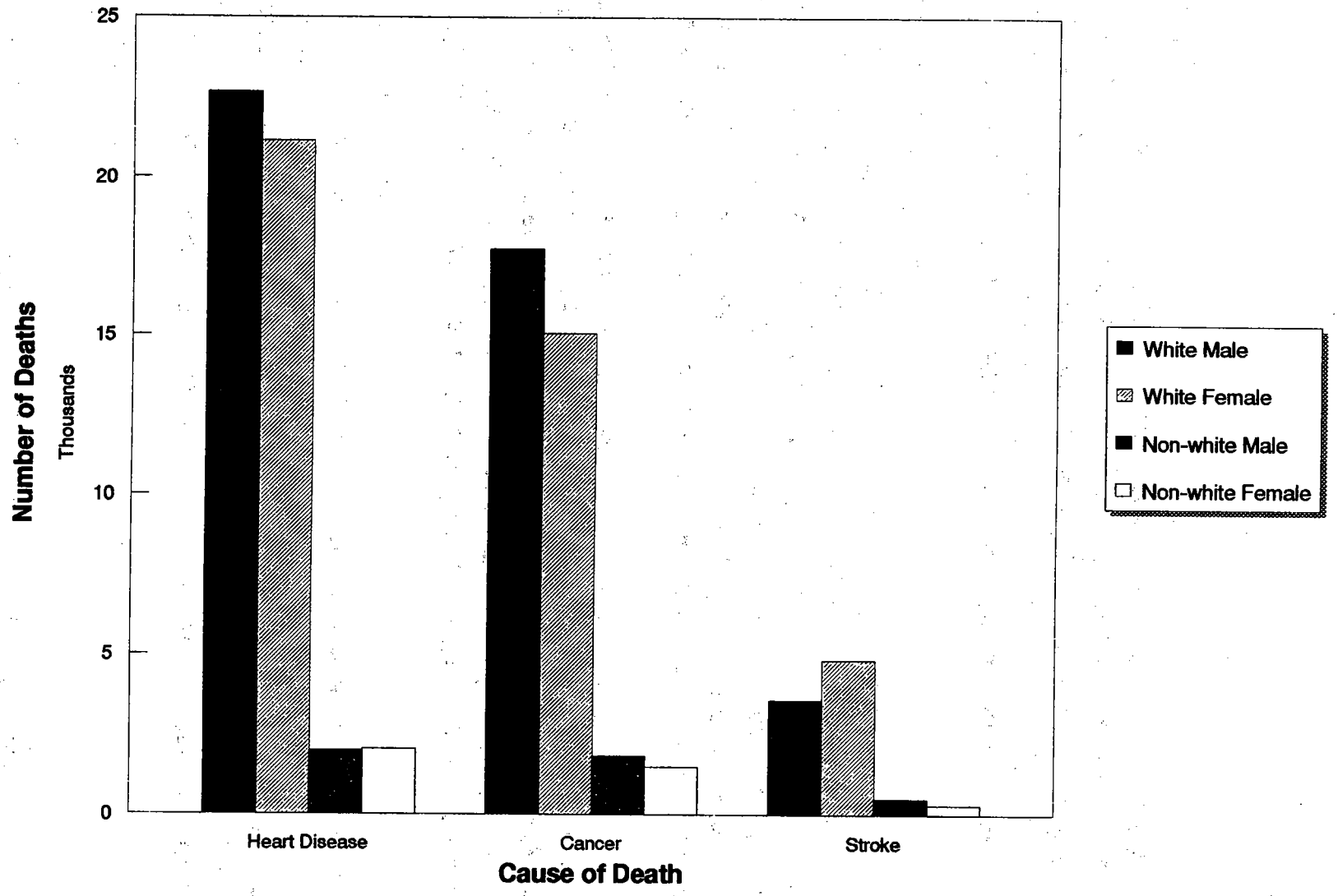
The next two charts on the following pages show percentages of deaths in Florida women as well as race for White, Black, and Hispanic women. Also, to reflect gender differences, one chart shows the top three causes of death among women and men.

TOP TEN CAUSES OF DEATH AMONG FLORIDA WOMEN RESIDENTS (1994)



Source: Florida Vital Statistics Annual Report 1994, Florida HRS

Selected Race and Sex Comparisons of the Top Three Causes of Death (1994)



Source: Florida Vital Statistics Annual Report 1994, Florida HRS

HEART DISEASE - NO. 1 KILLER OF WOMEN

Myth versus Reality

Many women as well as physicians still believe the myth that breast cancer is the greatest threat to a woman's health. In a survey conducted by the American Heart Association and reprinted in major newspapers September 1995, more than 80 percent of women and 32 percent of doctors named cancer or other killers as the greatest threat to a woman's health.

The reality or fact remains that heart disease is the leading cause of death in America for both men and women. Even though the death rates from heart disease have actually dropped nearly every year since 1950, 734,000 deaths occurred in 1994 (National Center for Health Statistics Quarterly Fact Sheet, March 1996).

The charts showing the major causes of death for Florida women and accompanying percentages provide a graphic comparison with the American female population. Florida has a slightly greater percentage of women dying from heart disease. It is critical to note that specific factors such as age, gender, and family history are important aspects for consideration in looking across the entire female population base.

For example, among all Florida women residents under age 25, heart disease deaths are infrequent. From age 25-34; however, heart disease emerges as a more prominent killer. It rises steadily as a cause of death for women 35 to 85+. However, heart disease is second to cancer in white women until age 85+ (FL HRS Vital Statistics, 1994).

AGE	DEATHS
25-34	60
35-44	188
45-64	421
65-74	3,432
75-84	7,461
85	10,540

RISK FACTORS (Cannot Be Changed or Treated)

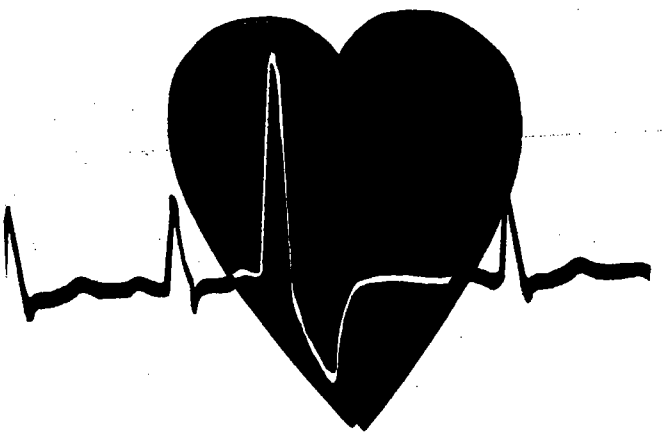
- ♥ Increasing Age--Chances of developing heart disease increase as women grow older.
- ♥ Gender--More men have heart attacks than women and men have them earlier in life, but after menopause more women die from heart attacks.
- ♥ Hereditary (Family History)--Both men and women are more likely to develop heart disease if close relatives had it. Race is also a factor. Black women have a greater risk of heart disease than white women; in large part. This is due to higher average blood pressure levels.

RISK FACTORS (Can Be Changed or Treated)

- ♥ Cigarette/Tobacco Smoke--This greatest single cause of death can be prevented. For women, smoking is the biggest risk factor for heart attack. Women smokers who use some types of oral contraceptives. Long term exposure to tobacco smoke (second-hand smoke).

- ♥ **High Blood Pressure--Increases the risk of stroke, heart and kidney disease. The following factors increase the risk: Black women, women over the age of 65, women who are overweight, women who have a family history, women who are pregnant or those who take certain types of oral contraceptives.**

- ♥ **Physical Inactivity--Studies show that heart disease is almost twice as likely to develop in inactive people than in those who are active. Obesity, diabetes, and stress are also risk factors. (Heart and Stroke Guide, AHA, Statistical Supplement, 1996).**



CANCER - NO. 2 KILLER OF WOMEN

Nationally, death rates for all cancer sites combined have declined somewhat since 1973, for women under age 55. This is due to the major decrease in part to incidence of cervical and uterine cancer. However, the number of deaths from the two leading causes of cancer death, breast and lung, are increasing (Report of the National Institutes of Health: Opportunities for Research on Women's Health: Summary Report, 1991).

In Florida and the United States cancer is the second leading cause of death, with Florida showing a slightly higher than 281 average rate. (See Pie chart showing percentages for Florida). In addition, the national trends are similar in terms of the rapid rise in lung cancer in women due largely to smoking.

Cancer deaths among Florida women show the following distribution:

Respiratory	26%
Digestive	24%
Breast	17%
Genital	10%
Lymphatic	6%
Urinary	3%
Luekemia	1%
Lip-oral	1%
Other forms of cancer	10%

See Bar Graph of Cancer-Related Deaths Among Florida Women (FL HRS Vital Statistics, 1994).

Lung Cancer

While the death rate for men is leveling off, the rate for women continues to rise. In 1987, for the first time, more women died from lung cancer than from breast cancer. Most female deaths occur among women who are between the ages of 55 and 74 (The American Woman, 1994-95; 124).

- ♥ More Black women, in proportion to their numbers in the population, get lung cancer than white women. Incidence rate was 45.2 among black females and 40.1 among white females (The American Woman, 1994-95; 124).

- ♥ Incidence rates for breast cancer for both races are higher than for lung cancer; however, lung cancer is the leading killer among white women.

- ♥ Approximately 85 percent of lung cancers are attributable to smoking. The increase in female lung cancer deaths is not expected to level off until the year 2013 (The American Woman, 1994-95; 124).

Breast Cancer

Each year 10,000 Florida women are diagnosed with breast cancer, and more than 2,600 will die from the disease. There are an estimated 150,000 women alive today who have been treated for breast cancer. The most effective way to reduce breast cancer mortality is through screening and early detection. However, 43% of Florida women age 50 and over have not had the recommended mammogram and clinical breast examination in the past two years. (Florida Breast Cancer Task Force Final Report and Recommendations, January 15, 1995).

Note: For more extensive information on breast cancer in Florida, in terms of education, demographic data, race, and elderly women, please see the Florida Breast Cancer Task Force Report, January 1995.

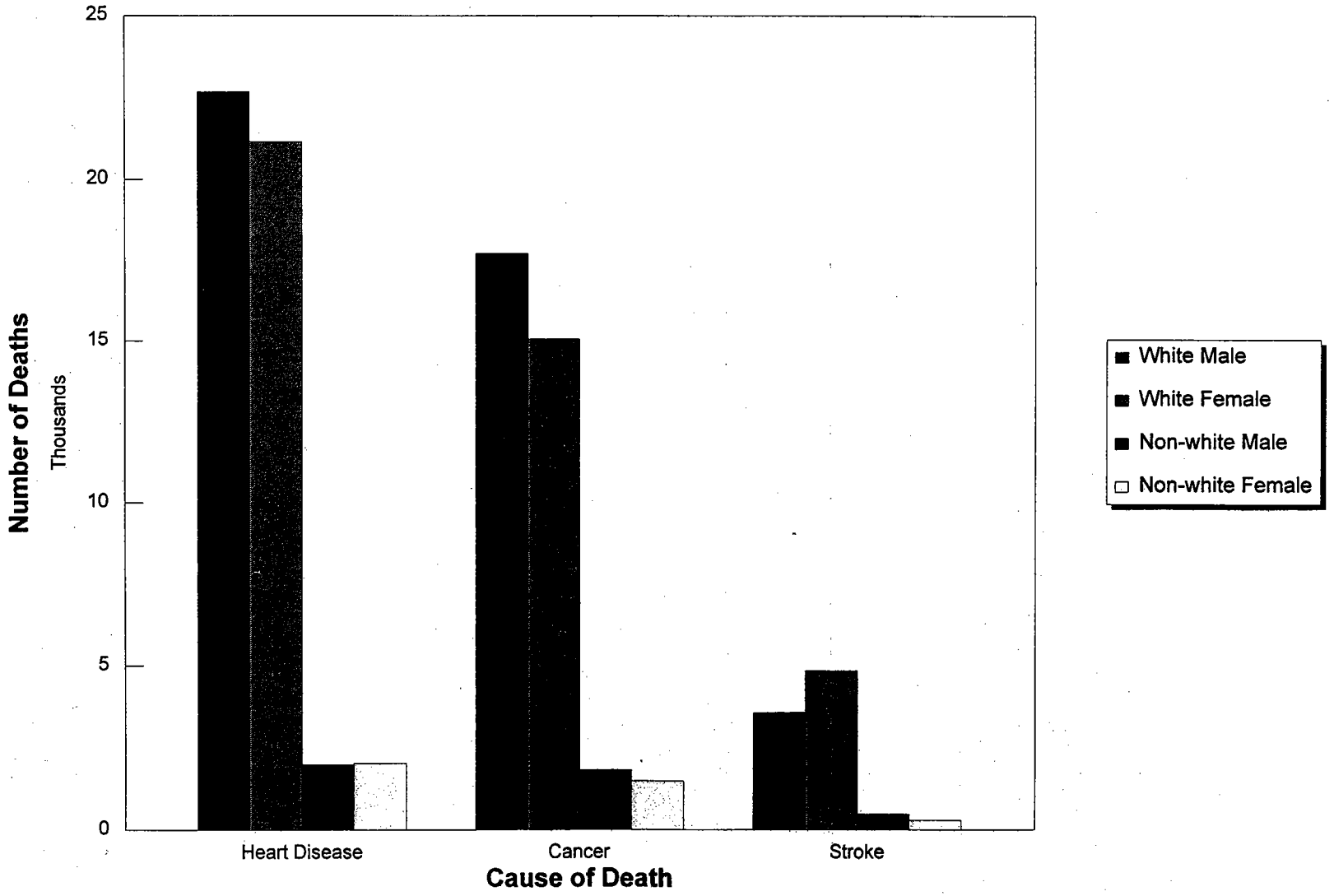
Cervical Cancer

This kind of cancer is the most detectable and treatable. Therefore, mortality rates for cervical cancer have steadily declined.

Ovarian Cancer

Mortality rates are higher for white women than among black. Survival rate for ovarian cancer is the poorest of all forms of gynecological cancers. Only 39 percent of white women and 36 percent of black women survive for five years after diagnosis (AW).

Cancer-Related Deaths Among Florida Women (1994)



Source: Florida Vital Statistics Annual Report 1994, Florida HRS

HIV/AIDS - MAJOR KILLER OF MINORITY WOMEN AGES 15-44

Due to the continued increase of AIDS cases among women and its devastating effect on children, a special report is included to provide a national as well as state status report on this deadly disease.

According to the Center for Disease Control, women accounted for only 7% of the AIDS Cases in 1985; the cases jumped to 18% in 1994. During this period, women represented nearly one-fourth (24%) of the total number of AIDS cases ever reported among women. Forty-one percent of women reported with AIDS in 1994, acquired HIV through heterosexual contact with at-risk partners. The remaining 21 percent of these women received contaminated blood or blood products, two percent had no specific exposure reported (HIV/AIDS. CDC National AIDS Clearinghouse).

Although Black and Hispanic Women make up 21 percent of all U.S. Women, more than three-fourths (77 percent) of AIDS cases reported in 1994 occurred among Black and Hispanic women (African American 57%, Hispanic Women, 20%).

AIDS and other illnesses due to HIV infection have been the fourth leading cause of death since 1992, among U.S. women aged 25-44. Consequently, women of child bearing age accounted for the vast majority of those cases (84%) in women ages 15-44 (CDC National AIDS Clearinghouse).

June 1995 marked the fifteenth year of the AIDS epidemic. Since that time, more than 300,000 men, women, and children have lost their lives to a disease that was not even in the medical books in 1980. Among those are more than 100,000 African Americans and more than 60,000 Hispanics/Latinos. Seventy-nine percent of the children

diagnosed with AIDS were African American or Hispanic/Latino (No Time to Retreat, Patricia S. Fleming, July 1995).

Of all AIDS cases among women, 61% were reported from just five states: New York (26%), Florida (13%), New Jersey (10%), California (7%), and Texas (5%) (CDC National AIDS Clearinghouse).

Florida continues to remain near the top of the list, paralleling the impact of AIDS on minorities and children, as does the national comparison. Human Immunodeficiency Virus (HIV) was the sixth leading cause of all resident deaths, and it was literally unknown of ten years ago. HIV was the third leading cause of deaths among non-whites, behind only heart disease and cancer. HIV was the leading cause of and accounted for 30% of all resident deaths for the age groups 25 - 34, and 35 - 44 combined (FL HRS Vital Statistics; 1994).

Florida's Three "AIDS Epicenters"

Three South Florida cities--Miami, West Palm Beach, and Fort Lauderdale--now rank second, third, and seventh, respectively, among the nation's top ten urban AIDS epicenters in the spread of the disease. From 1990 to 1994, AIDS cases increased 239% in Dade County, 184% in Broward County, and 185% in Palm Beach County (Sun-Sentinel, September 10, 1995).

By the end of 1994, 620 AIDS babies had been born in South Florida. The increase from 1990 to 1994 was 153 percent. Nearly all the South Florida AIDS babies were born to poverty-level mothers (Sun-Sentinel, September 17, 1995).

In Florida, 70 percent of AIDS patients do not have health insurance and are too poor to pay for their own care. Their costs are absorbed by Medicaid or by tax-supported hospitals. From 1990-1994, the

annual cost of health care for AIDS patients in Florida's three AIDS epicenters climbed 319 percent -- from $78.1 million a year to $327 million a year. Health care costs for an average AIDS patient, from the time of HIV infection to death, is nearly $150,000 (Sun-Sentinel, September 17, 1995).

Black Americans and AIDS

While apprehension exists among Black Americans in terms of health research and related statistical data, immediate action must be taken to act on the astronomical rise in AIDS cases among Black Floridians. For the first time in Florida, more Blacks (23,701), 43%, than white (23,177), 42% have AIDS! (Male and Female) (HRS Office of Disease Intervention Report, June 1996).

Spencer Lieb, State Epidemiologist, explained that the rate of AIDS depends on the prevalence of the AIDS Virus in the community and the prevalence of behaviors. Due to the long period of time (10 years) between HIV infection and the onset of AIDS, ignoring the problem could sentence future generations to death (Palm Beach Post, February 22, 1996).

- By 1994, 73,425 Blacks had contracted AIDS through intravenous drug use or had died from it.

- In 1994, twice as many new cases of injection related AIDS were diagnosed among Blacks (14,443) as were among white (7,168).

- (Blacks who inject drugs are seven times more likely to die from an overdose than are whites.)

The disproportionate number of Blacks afflicted with AIDS is a call to action that needs to be answered by churches, community organizations, and community leaders. (Excerpts above: "For Black

Americans AIDS Become Plague" - Palm Beach Post, February 22, 1996).

The Bar Graphs included in this report section will reflect the number of cases among females in Florida as compared with the number in the United States. They clearly reflect the large percentage of cases among Blacks and Hispanics.

Senior Citizens and AIDS

More recently, attention has been directed to the increase of AIDS cases among the elderly population in Florida individuals 65 and older. While much attention is being given to the young residents, particularly young women of child bearing age, AIDS is found to be on the rise among senior citizens.

According to information provided the Florida AIDS Surveillance Unit, AIDS is also killing Florida's seniors. Unprotected heterosexual sex is the most common reasons for people age 50 and older contracting AIDS. This group accounts for 60% of the cases. There still exists the myth (particularly among seniors) that AIDS is spread largely through homosexual/bisexual contact (Sun Sentinel, July 15, 1996).

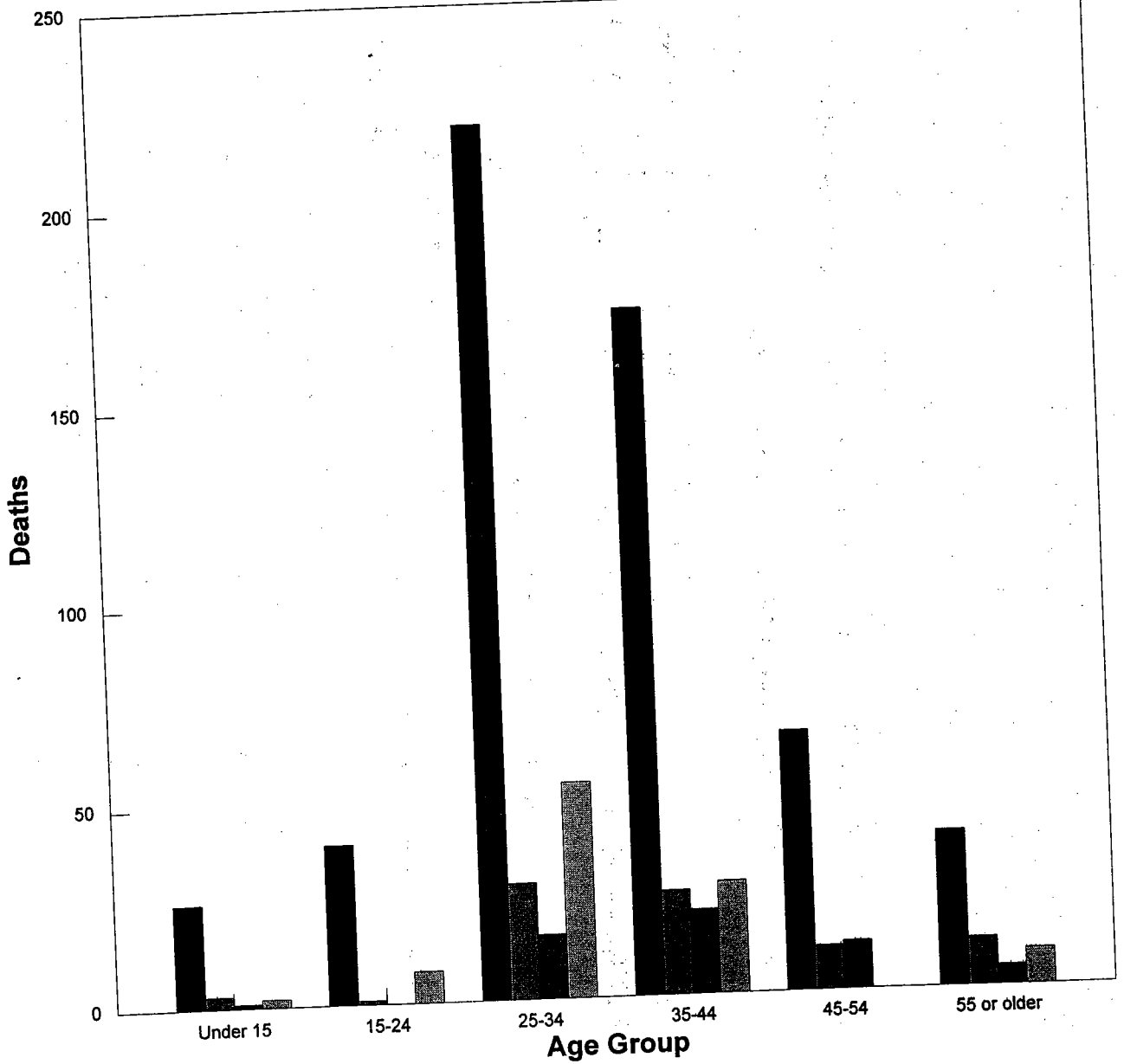
According to reports by the Center for Disease Control, there were almost 6,000 new cases among people age 50 and older in 1994, an 11% increase over the previous year (Sun Sentinel "Seniors Discover Age Is No Defense Against AIDS", July 15, 1996).

Prevention Programs

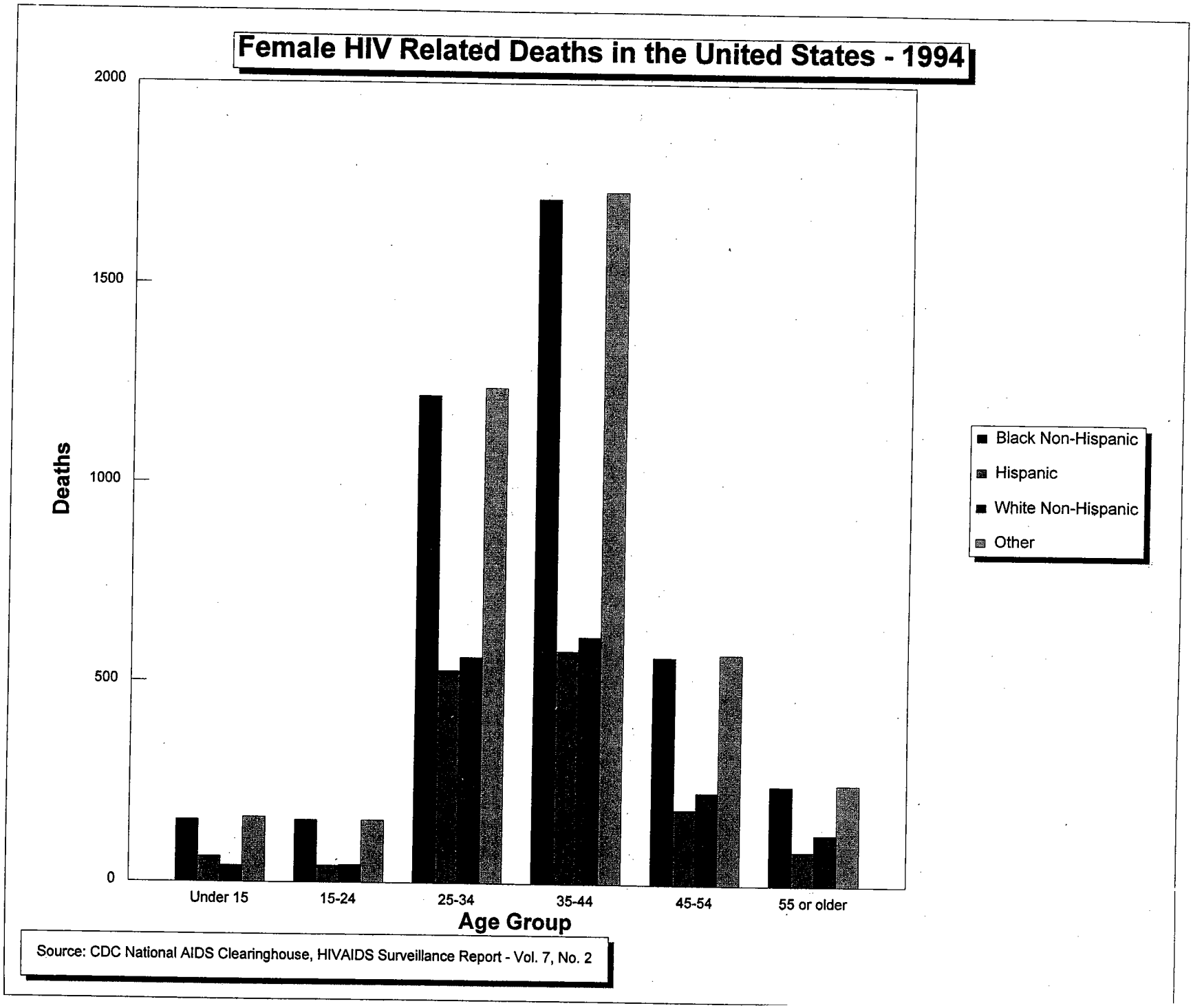
Prevention efforts are critical due to the impact of young women and the infection of babies through pregnancy. The Center for Disease Control as well as other public health and community based organizations are collaborating to reach and educate the women and children at the greatest risk. Some prevention activities include:

- National Media Educational Campaign
- The CDC National AIDS Hotline
- National Institutes of Health and the CDC conducting HIV Epidemiology Research Study designed to investigate natural history of HIV disease in women
- Evaluation of the occurrence of and response to treatment of several gynecological conditions
- Use of AZT to reduce the risk of perinatal transmission
- Encouragement of women to get early treatment with antibiotics that can prevent Pneumocystis carinii pneumonia, the leading cause of death for people with AIDS
- Exploration of less expensive treatment alternatives
- Recognization of the link between culture and health

Female HIV Related Deaths in Florida - 1994



Source: Florida Vital Statistics Annual Report 1994, Florida Department of Health and Rehabilitative Services
Note: HIV was not reported in the top ten causes of death for White Non-Hispanic females


Female HIV Related Deaths in the United States - 1994
2000
1500
1000
500
0
Deaths
Under 15
15-24
25-34
35-44
45-54
55 or older
Age Group
Black Non-Hispanic
Hispanic
White Non-Hispanic
Other
Source: CDC National AIDS Clearinghouse, HIVAIDS Surveillance Report - Vol. 7, No. 2

ELDER WOMEN'S HEALTH ISSUES

Florida's demographic projections continue to predict an increasingly older population. In 1995, there were 2.7 million elders in the State of Florida. Over half of these individuals are women. The population of elders is expected to increase by one-third in the next 15 years. The oldest of the fastest growing population (over age 85) will increase by 91% to 524,000 persons in 2010 (The Commission on Long Term Care in Florida, Managing Florida's Future, Executive Summary, December 15, 1995).

The Department of Elder Affairs has identified key health care issues facing Florida's Elderly Women are as follows: heart disease, cancer, osteoporosis, hormone replacement therapy and incontinence (Florida Department of Elder Affairs, October, 1995).

In addition to the concerns identified by the Department of Elder Affairs, the health care concerns addressed by the Health Report of the Florida Commission on the Status of Women, 1993, remain the same: heart disease, cancer, osteoporosis, alzheimer's disease, and depression.

Although additional research is underway, some recent studies have shown that estrogen replacement therapy increases the risk of cancer for some women. However, studies also have shown that in addition to its other effects, estrogen replacement therapy helps prevent heart disease and osteoporosis. Individual personal characteristics and family medical history further complicate older women's options in managing these diseases.

Incontinence is more prevalent among older women than among men or younger women. Incontinence may lead to isolation and depression because affected women fear public embarrassment and tend to stay in their homes for extended periods. Although medical

treatment may not be available, clinicians can assist in managing incontinence and need to be encouraged to do so (Florida Department of Elder Affairs, October, 1995).

Some health care providers fail to take elder women's complaints seriously. The result can be undiagnosed or misdiagnosed illnesses, with adverse consequences for the women.

There continues to be inadequate research on women's health in general and on elder women's health in particular.

However, two NIH studies are underway in Florida. (See Section in this report entitled "Women's Health Initiative in Florida.")

Health Care and Economics Among Elder Women

To some extent, the quality of health care a woman receives depends on her economic status and her ability to pay for treatment. More older women than men are poor. The 1990 United States census data show that 13 percent of women over the age of 60 had income below the federal poverty level, compared to 7 percent for males. About 25 percent of older women living alone had income below the poverty level, compared to 16 percent for males (Florida State Department of Elder Affairs: October, 1995).

In instances of long term care-giving, economics can become critical. The expense of long-term care in the home, such as that accompanying treatment for cancer or Alzheimer's disease, can deplete family financial resources and contribute to economic dependency in families choosing not to institutionalize elder family members (Palm Beach Post, February 6, 1996).

The Florida Commission on Long Term Care recommended reorganizing the way the State pays for services by getting

permission from the federal government to combine Medicare and Medicaid monies, looking into adult congregate living facilities as alternatives to nursing homes, and encouraging familial responsibility (Palm Beach Post, February 6, 1996).

Contrary to what many believe, Medicare pays less than two percent of the costs of nursing home care in the U.S. It is primarily an acute care program covering hospital and doctor bills. A year in a nursing home costs about $30,000--in high-cost regions--as much as $45,000 (American Woman 1994-95: 32).

The typical American woman 75 years old or older has an annual income of $9,170--less than one-third the yearly cost of a nursing home. In 1991, more than a quarter of all elderly women living alone were poor. More than two-thirds of elderly women living along in the U.S. had incomes less than twice the poverty level ($13,064). Almost nine out of 10 Black women living alone had incomes below $13,064. (American Woman 1994-95: 32).

Longevity, Isolation, Care-Giving Among Elderly Women

Women usually outlive their male partners and are more susceptible to the detrimental effects of isolation. By 2010, it is estimated that there will be 36 percent more Florida women than men aged 65 or over (Florida Population Studies, University of Florida; Palm Beach Post, February 6, 1996).

Care-giving is an important and demanding role for many elder women. The stresses of caring for elder partners, particularly Alzheimer's disease patients, adversely affect the health of the care-giver. In a growing number of cases, the elder care-giver, usually a woman, dies from causes related to care-giving before the care recipient dies (FL State Department of Elder Affairs; October, 1995).

care recipient dies (FL State Department of Elder Affairs; October, 1995).

In-home and community-based services are expanding throughout the nation, but many elderly women receive no formal care at home, despite substantial disabilities (American Woman 1994-95).

WOMEN'S HEALTH CARE: AFFORDABILITY, ACCESSIBILITY, QUALITY

Health is related to the accessibility of care, and care can depend on economics--on the affordability of health coverage and insurance of all kinds. Without adequate health care, issues such as education, employment, elective office and other related social concerns become illusive in the minds of those individuals adversely affected. The recommendation to address Affordable and Quality Health Care for families was introduced in the Commission's first report to the public in 1992. Since that time, progress has been made; however, this issue still remains a priority for the Commission as well as for the State of Florida.

Some 81 million Americans are believed to have health problems that make getting insurance difficult and unusually costly. Most would have a gap in their health insurance coverage, if they decided to change jobs. Many remain in their jobs rather than risk the loss of insurance. Others who take the risk may end up losing their life savings when a medical condition puts them or a family member in the hospital (Tampa Tribune, February 7, 1996).

The Uninsured Population

Lack of insurance coverage is one of the main barriers to affordable and quality health care for families. According to a report of the United States Regional Conference on Women, September 1994, access to appropriate health care remains unattainable for many women, regardless of their insurance status. More than three-fourths of the 33.6 million Americans living in poverty in 1990 were women and children. Single-parent families, nearly 90 percent of which are headed by women, are far more likely than two-parent families to lack health insurance. Women experience a greater risk of under-treatment when they have no form of medical coverage.

Medicaid, the most frequently used source of publicly funded health insurance, limits areas of specialization unique to women's medical needs (U.S. Southeastern Regional Conference on Women, Region IV, Plan of Action Report, Women and Health Care, page 29, September 1994).

The table below provides data and comparisons on health insurance coverage for selected groups in Florida are compared with the United States (State Level Data Book on Health Care Access & Financing, Agency for Health Care Administration).

Health Insurance Coverage by the Non-elderly Females (18-64 years of age) 1990-92:

	United States	State of Florida
Employer Insurance (own)	16.3%	27.4%
Employer Insurance (other)	37.4%	28.5%
Medicaid	13.0%	12.5%
Other Coverage	09.5%	11.5%
Uninsured	13.8%	20.0%

Health Insurance Coverage for Children under 18 (1990-92)

	United States	State of Florida
Employer Insurance (own)	61.8%	50.4%
Medicaid	21.1%	23.8%
Other Coverage	05.7%	07.2%
Uninsured	11.4%	18.7%

Based on the above data, it is clear that Florida has a larger number of women and children with no health insurance coverage.

The Health Insurance Reform Act of 1995 (S. 1028) was introduced in Congress in 1995. It received final approval during the printing of this report. It is designed to make health coverage more accessible, more affordable, and more portable. Among other things, the legislation limits the use of coverage exclusions for pre-existing conditions, prevents insurers from denying coverage to those who need it more, and helps small companies from purchasing coalitions to negotiate better rates (Press Release - Senator Nancy Kassenbaum, June 1996).

Many states including Florida have enacted health care legislation that allows for small employers to form purchasing alliances. However, this act does not appear to address some segments of the uninsured population. It is extending coverage for gaps in employment. This will still be an improvement over the present systems where some states have not made health care reforms to benefit employees who change jobs.

The Commission will continue to monitor the health care delivery system in Florida and seek the reforms so essential to affordable, accessible, and quality health care.

WOMEN'S HEALTH INITIATIVE IN FLORIDA

The National Institutes of Health (NIH) has launched an extensive study of post-menopausal women, called the "Women's Health Initiative" (WHI).

For decades, women have been under-represented in research studies. One explanation for this was that because of the relative complexity of the female hormone system compared to male's, an equal number of women would have to have been needed in the studies, which would have greatly increased the cost of research. However, in an apparent contradiction to the claim that women's systems were too different from men's women were assured that the results of male-only studies would be equally relevant to women's health.

The "Women's Health Initiative" is the first and most comprehensive examination of women's health in the history of the United States. The study will determine whether hormone replacement therapy prevents heart disease and osteoporosis, whether a low-fat diet prevents breast and colorectal cancers, and whether calcium and vitamin D supplements may benefit osteoporosis-related bone fractures and colon cancer. These diseases are the leading causes of illness, diminished quality of life, and death among post-menopausal American women.

Sixty-three thousand women, nationwide, are being recruited for participation in initial clinical trials; an additional 100,000 women, nationwide, will participate in later observational studies. The goals of these studies are the following: (1) to improve risk prediction of heart disease and cancer, fractures, and total mortality in postmenopausal women; (2) to create resource data and biologic samples which can be used to unearth new risk factors and/or

biomarkers for disease; and (3) to examine the impact of changes in individual characteristics on disease and total mortality.

Of forty clinics funded nationwide, two are in North Florida--one in Gainesville, one in Jacksonville. The Florida clinics research the effectiveness of (1) a low-fat diet (less than 20% of calories from fat) vs a usual diet for the development of breast cancer and heart disease; (2) hormone replacement (estrogen alone or estrogen plus progestin) vs a placebo for the development of heart disease, osteoporotic fractures, and breast cancer; and (3) calcium and vitamin D supplements vs a placebo for the development of bone fractures due to osteoporosis and colon and rectal cancer.

South Florida Women will also benefit from the Women's Health Initiative. The University of Miami School of Medicine's Center on Adult Development and Aging will recruit 3,600 women, 50-79 years old, to study treatments to prevent heart disease, cancer, osteoporosis, and other life-threatening conditions in post-menopausal women.

A pledge has been made to include minority women of South Florida, involving Hispanic, Anglo, and African Americans in the study.

Women who develop health problems during the study will have access to specialists at the University of Miami. If uninsured, they can enter the care of Jackson Memorial Medical Center at the University of Miami.

These clinical programs begin to address a continuing problem: the scientific basis for much of current medical therapy is the result of clinical research trials conducted solely in men.

While the final results of the Florida NIH trials will not be available until 2005, the health of participants in the study will be closely

monitored. The major benefits will accrue years later when the next generation of women can anticipate better health and more complete knowledge of the benefits and risks of these treatments.

The State of Florida and its women will be well represented in answering major health questions affecting older women by Florida women's response and participation in this important research study (Marian C. Limacher, M. D., University of Florida, and Marianna Baum, Ph.D., University of Miami).

Promoting health for you and future generations

The National Institutes of Health
University of Florida
Clinical Center

HEALTH CARE RECOMMENDATIONS: A REVIEW AND ASSESSMENT

In the Women and Health Status report of 1993, the Health Care Committee offered nine recommendations for the improvement of women's health. The following are the Committee's assessments of the status of those recommendations in 1996:

1. Conduct Research in Florida to Determine the Extent of Gender Differences in Medical Interventions.

   Just as the Commission was completing its report in 1992, the National Institute of Health announced the establishment of the Women's Health Initiative which is designed to address many important health issues facing women. (This initiative is discussed in this report under "Women's Health Initiative in Florida.") Both Principal Investigators, Dr. Marianna Baum and Dr. Marian Limacher, have communicated a status report on the Florida Initiative. Dr. Limacher joined the FSCW Health Care Panel on a Women and Health presentation at Florida State University, informing program participants of this program. It was at the FSU Women Studies Conference that many women heard of this initiative for the first time. The Committee will continue to monitor the progress of the Florida Initiatives as well as others, strategically located across the country.

2. Develop a Systematic Method for Collecting and Reporting Women's Health Data.

   Progress was made in this area as a direct result of the Commission's recommendations in addition to follow-up letters to each agency responsible for providing such data. This request also included the Agency for Health Care

Administration. They both provided contact individuals to assist the Health Committee.

The Department of Health and Rehabilitative Services, with the assistance of Ms. Le Whitney, HRS Office of Women's Health, was very cooperative in providing more detailed data, specifically in terms of ethnic groups. This effort must be monitored and continued, particularly in view of the recent legislative action to create a Department of Health separate from the Department of Health and Rehabilitative Services.

3. Develop and Conduct Public Educational Campaigns to Inform Women About Preventative Measures They Can Take to Protect Themselves Against Diseases and Future Frailty.

It is somewhat challenging to assess this recommendation since numerous organizations and groups do much of this unknown to each other. Some organizations are publicizing issues on AIDS, cancer, osteoporosis, and other diseases. A well-coordinated and comprehensive plan must be implemented to first determine "who is doing what" in health education awareness programs. Perhaps this task can be initiated at the Statewide Women's Conference (scheduled for 1997).

4. Develop Promotional Materials for Distribution to Employers, Emphasizing the Importance and Cost-Efficiency of Providing Health Coverage for Women.

This recommendation has not been addressed in a very specific way by the Commission. However, the Commission supported the Small Employers Health Care Access Act passed by the 1992 Florida Legislature since the 1992-93

Health report. This Act makes health insurance plans available to small-business employers regardless of the health claims experience of an employee group or the health status of any employee in that group. The benefits include Guarantee Issue, Portability, Standard and Basic Health Plans, and Modified Community Rating.

5. Establish Required Courses in Florida's Medical Schools that Address a Holistic Approach to Women's Health Care.

The National Institute of Health Initiative has recently completed an evaluation of curricula in each medical school in the United States to include Florida. This evaluation was designed to look at how much was required of students in addressing women's health. The intent is to have each school add, expand or include course work on women's health. The report is presently before Congress. It is expected to be released by the Fall of 1996.

6. Train All Participants Working With and in the Judicial System in Domestic Violence.

Since the initial health report was produced, the Governor's Task Force on Domestic Violence recommended extensive changes to include increased awareness and providing training to the law enforcement community. The Task Force has held annual conferences to include training and developing a statewide curriculum for all professionals. In addition, local governmental entities have also and are continuing to address training for law enforcement personnel, judges, and health care professionals. In summary, significant progress has been made to address this recommendation.

7. **Provide Access to Long-Term Care for Florida's Elderly Population.**

Since the FCSW Report, The Commission on Long-Term Care in Florida was created under proviso language under the 1994-95 General Appropriations Act. Its mission is to re-address comprehensively the current programming and financing of the services that provide a continuum of care for the people of Florida. Since the majority of the population in Florida in need of long-term care services are women, the Florida Commission on the Status of Women remains committed to implementation of its goals and mission.

8. **Establish Parental Education Programs to Assist Parents in Becoming More Influential in and Responsible for Their Children's Wellness.**

This recommendation was not specifically addressed in this report as the committee chose to concentrate specifically on Women's Health. This was done in view of the numerous health programs underway in Public Health, Public Schools, and the Department of Education, particularly in terms of adolescent risk behaviors. An extensive report on Teenage Pregnancy was produced by the Florida Education and Employment Council for Women and Girls.

9. **Create and Staff a Women's Health Bureau in the State of Florida.**

A Women's Health Office was established in the Department of Health and Rehabilitative Services. Due to the establishment of a separate Department of Health, this recommendation must be readdressed during the organizational structure stage of this agency.

FCSW HEALTH CARE RECOMMENDATIONS
1996-97

1. Establish a Central Health Resource Center for Florida Women.

2. Request the newly established Department of Health to create and staff a permanent Women's Health Bureau.

3. Continue to monitor the collection of data on Women's health with responsible agencies to develop Benchmark Information and address the unique needs of different ethnic groups for future review and action.

4. Coordinate a carefully designed Public Awareness Campaign to educate women on health topics and risk factors that can be changed to increase the quality of their lives.

5. Present an action plan to Legislators and other concerned organizations to address health issues as well as the uninsured population of families and children in Florida.

6. Assist in the recruitment and encouragement of eligible women to participate in the clinical trials conducted by the National Institute of Health (NIH) in Florida.

7. Monitor and initiate action to ensure that the unique needs of the elderly population are addressed, particularly in view of the large percentage of females who outlive their spouse and/or live alone for long periods of time.

8. **Research the topic of Women's Mental Health: Lack of Adequate Insurance Coverage for Diagnosis and Treatment.**

Note: These recommendations are not only appropriate for adoption by the Florida Commission on the Status of Women but by all organizations striving to increase the accessibility, affordability, and quality of health care services for women in Florida.

MEDICAL INFORMATION

1 - 800 - 54 - WOMEN

SELECTED RESOURCES BY SUBJECT

AGING

National Institute on Aging
1–800–222–2225 (8:30–5 ET)
Information and referrals

AIDS

National CDC HIV/AIDS Hotline
1–800–342–2437 (9-5 ET) General information about HIV/AIDS; referrals

ALLERGY

American Academy of Allergy and Immunology
1–800–822–2762 (8:30-5 ET)
National Institute of Allergy and Infectious Diseases
301-496-5717 (8:30-5 ET)

ALTERNATIVE MEDICINE

Global Navigator's Alternative Medicine Sites
http://www.gnn.com/wic/wics/med.alt.html
The University of Pittsburgh's Alternative Medicine Home Page
http://www.pitt.edu/~cbw/altm.html

ALZHEIMER'S DISEASE

Alzheimer's Association
1–800–272–3900 (8-5 CT)

ARTHRITIS

Arthritis Foundation
1–800–283–7800 (24-hr recording)
National Institute of Arthritis and Musculoskeletal and Skin Diseases
301–495–4484 (8:30–5 ET)

BREAST CANCER

Breast Cancer Information Clearinghouse
http://www.nysernet.org/bcic/
Y-Me National Organization for Breast Cancer Information Support Program
1-800-221-2141 (9-5 CT) Presurgery counseling, treatment information, peer support, patient literature and referrals.

CANCER

American Cancer Society
http://www.cancer.org/
1–800–ACS–2345 (24-hr recording)
Cancer Information Service of the National Cancer Institute
1–800–4–CANCER
CancerFax (National Cancer Institute)
1–800–624–2511 (24 hrs)
Faxes current patient and professional information about causes, diagnoses and treatments for all forms of cancer.
OncoLink http://www.oncolink.upenn.edu/
Information on most types of cancer provided by the University of Pennsylvania; has many links to other useful sites

CHRONIC FATGUE SYNDROME

CFIDS Association
1-800-442-3437 (24-hr recording)

COSMETIC/RECONSTRUCTIVE SURGERY

American Society of Plastic and Reconstructive Surgeons 1–800–635-0635 (8:30–4:30 CT)
Information and referrals

DENTISTRY

American Dental Association
http://www.ada.org/index.html
National Institute of Dental Research
301-496-4261 (8:30-5 ET)

DIABETES

American Diabetes Association
1-800-342-2383 (9-5 ET)
National Institute of Diabetes and Digestive and Kidney Diseases
301-496-3583 (8:30-5 ET)

DISEASE PREVENTION

Centers for Disease Control and Prevention
http://www.cdc.gov/
404–332–4555 (8–4:30 ET; 24-hr. recording)
Information on infections, epidemics and immunization.

DRUG / ALCOHOL ABUSE

National Clearinghouse for Alcohol and Drug Information
1–800–729–6686 (8-7 ET) Information on alcohol, drugs and tobacco provided by the Center for Substance Abuse Prevention (CSAP), National Institute on Drug Abuse, and National Institute on Alcohol Abuse and Alcoholism

EATING DISORDERS

Eating Disorders Awareness and Prevention (EDAP)
206–382–3587 (8–5 PT)
National Center for Overcoming Overeating
212–875–0442 Information about binge eating disorder (24-hr recording)

ENDOMETRIOSIS

Endometriosis Association
1-800–992–3636 (24–hr recording)

ENVIRONMENT AND HEALTH

Environmental Health Clearinghouse
1-800-643-4794 (9-8 ET) Scientists from the National Institute of EnvironmentalHealth Sciences answer questions related to environment and illness.

EYE DISEASE

National Eye Institute
301–496–5248 (8:30–5 ET)
American Academy of Ophthalmology's Eyenet
http://www.eyenet.org/
Graphics depicting eye anatomy; information on conditions and treatments

FIBROMYALGIA

Fibromyalgia Alliance of America
614-457-4222 (10-6 ET; 24-hr recording)

HEARING

National Institute on Deafness and Other Communication Disorders
1-800-241-1044 (voice 8:30-5 ET)
1-800-241-1055 (TDD/TTY/TT)

HEART DISEASE

American Heart Association
1–800–AHA–USA1 (8:30-4:30 local time)
National Heart, Lung, and Blood Institute
301-251-1222 (8:30-5 ET)

INCONTINENCE

The Simon Foundation for Continence
1-800-237-4666 (24-hrs) Quarterly newsletter and other publications

INFERTILITY

RESOLVE
617-623-0744 (9-4 ET)

LUNG DISEASE

American Lung Association
1-800-LUNG-USA (9-4:30 ET) Information on respiratory disease

LYME DISEASE

Lyme Disease Foundation
1-800-866-LYME (24-hr recording)

MEDICATION

Center for Drug Evaluation and Research
301–594–1012 (8-4:30 ET)
The Food and Drug Administration's hotline for information about medicines

MENOPAUSE

North American Menopause Society
http://www.menopause.com
Midlife Women's Network
1-800-886-4354 (8-5 CT) Information and referrals

MENTAL HEALTH

Depression Awareness
1-800-421-4211 (24-hr recording) The National Institute of Mental Health's hotline for information about symptoms and treatment of depression
Grief Recovery Helpline
1–800–445-4808 (9-5 PT)
Information on recovering from loss
National Institute of Mental Health
1–301-443-4513 (8:30-4:30)
Panic Disorder Information Line
1-800-64-PANIC (24-hr recording)
Internet Mental Health Home Page
http://www.mentalhealth.com/p.html

NEUROLOGICAL DISORDERS

National Institute of Neurological Disorders and Stroke
1-301-496-5751(8:30-5 ET) Provides brochures and fact sheets

NUTRITION

American Dietetic Association Nutrition Hotline
1–800–366–1655 Information from and referrals to registered dieticians (experts: 9–4 CT; recorded messages: 8–8 CT)

OSTEOPOROSIS

National Osteoporosis Foundation
202-223-2226 (8:30-5:30 ET)

PARENTING

National Institute of Child Health and Human Development
301-496-5133 (8-5 ET)

PMS

PMS Access
1-800-222-4767 for information;
1-800-558-7046 for referrals to physicians in your area (9-5 CT)

RARE DISEASES

National Organization of Rare Diseases
1-800-999-6673 (9-5 ET; 24-hr recording)

STROKE

American Heart Association Stroke Connection
1-800-553-6321 (8:30-5 CT) Information, referrals, videotapes and a newsletter

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STATE OF FLORIDA
COMMISSION ON THE STATUS OF WOMEN

The Florida Commission on the Status of Women, through research, legislation, and communication, is dedicated to the elimination of all barriers to a woman's achievement of her fullest human potential.

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