

Improving the Health of Women in the United States Workshop Summary

A growing body of research has documented the relative health disadvantage of U.S. women compared to women in other high-income countries. To explore the causes and consequences of this health disadvantage, the National Academies of Sciences, Engineering, and Medicine held a one-day workshop in September 2015. The workshop's presentations and discussions are captured in *Improving the Health of Women in the United States: Workshop Summary* (2016).

THE HEALTH DISADVANTAGE OF U.S. WOMEN

In her introductory remarks, workshop chair Nancy Adler of the University of California, San Francisco, said that it is important to understand that the causes and consequences of women's health disparities span multiple levels. Some involve the health care system, while others involve risk behaviors, such as unhealthy diets, low levels of physical activity, and alcohol and tobacco use. Still other factors are further removed from people's daily lives, such as insurance status and inequities in income. All of these intersect with issues of race, ethnicity, and geographic location.

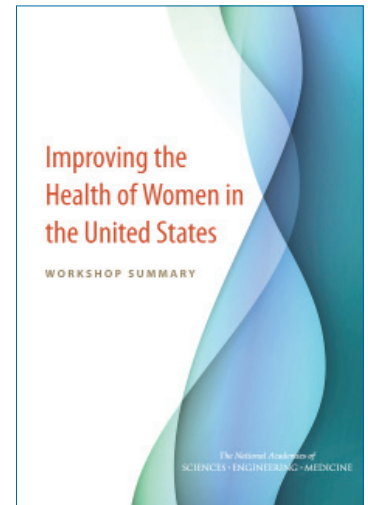
Janine Clayton of the National Institutes of Health noted that the environment for women's health has changed over the last 25 years. For example, increased use of automobiles can lead to health risks from lack of physical activity, and there has been an increase in access to and consumption of unhealthy food. It is important to take a multifaceted approach to these complex topics, she stressed. Work needs to focus on access to medical care and bias in health care delivery; factors that influence differences in morbidity and mortality, such as socioeconomic status, education, employment, and geography; and health risk behaviors.

Next, Steven Woolf, chair of the panel that authored *U.S. Health in International Perspective: Shorter Lives, Poorer Health* (National Research Council and Institute of Medicine, 2013), summarized the findings of that report, which found that across many measures, the health of U.S. women is significantly worse than that of women in many other high-income nations. When comparing life expectancy among 17 high-income countries, U.S. females rank second to the bottom. Woolf then summarized corroborating findings from other studies that also point to a health disadvantage for U.S. women.

INSTITUTIONAL FACTORS THAT AFFECT WOMEN'S HEALTH

Several workshop presentations examined the institutional factors that contribute to health disparities.

- A presentation on access to health care was offered by Alina Salganicoff of the Henry J. Kaiser Family Foundation, who argued for incorporating gender-stratified analysis in all work on health care and public health issues. While the Affordable Care Act has increased coverage rates for both men and women and Medicaid enrollment has also increased, many women still are not insured, she said. Coverage is important because it enables access to a usual source of primary care—an important determinant for positive health outcomes. Her talk also explored preventive services, reproductive and sexual health, the presence of violence in women's lives, and the role of costs and time in obtaining health care.
- Paula Johnson of Harvard Medical School and Brigham and Women's Hospital explored bias in health care delivery, noting that the fragmentation of health practice and service in the United States translates into a lack of integration of gender-specific information into physicians' practice. She illustrated the topic of bias in health care delivery using three examples: caregiving, violence, and the need for a model for care delivery that is more integrated for women of reproductive age; for example, she spoke of the need to develop trauma-informed models of care.



- Chloe Bird of RAND reported on current research that maps differences in quality of care for cardiovascular disease and diabetes in order to understand why women with these diseases receive poorer quality care than men. For example, RAND mapped gender gaps in cardiovascular care based on data from a California health plan and found that in seven of the eight California regions in the study, women were not getting as high-quality care as men.

SOCIOECONOMIC AND BEHAVIORAL FACTORS

Several presentations examined the impact socioeconomic and behavioral factors have on women’s health.

- Jennifer Karas Montez of Syracuse University focused her remarks on the large inequalities in women’s health among the U.S. states. Some states have a life expectancy similar to very low-income countries around the world, she noted; while Minnesota has high life expectancy on par with the United Kingdom, Mississippi has a life expectancy on par with Syria. The inequalities have been growing more for women than for men. Inequalities in women’s morbidity and mortality reflect more than individual characteristics and behaviors, she concluded; states seem to play an important role in creating and sustaining these inequalities.
- Research on the association between socioeconomic status and health was summarized by Sarah Burgard of the University of Michigan. Social factors appear to be quite important in the overall poor performance of U.S. women’s health relative to other countries, she said. Her presentation also described other factors that may affect the differential health experiences of women and men, such as workplace norms and treatment, labor-force participation rates, and time use.
- Mark Hayward of the University of Texas at Austin discussed the relationship between education and other socioeconomic indicators and mortality. There is growing literature that points to an increasingly strong association between education and health in the United States, he said. Over the past two decades, women with less than a high school education experienced increased mortality, but there were rapid declines in mortality among women with a college education or more. Future research should focus on understanding how different mechanisms may influence such differences in mortality.
- The latest research on employment and health was reviewed by Nancy Marshall of Wellesley College. While women react to stressful working conditions and to work-family conflict in much the same way men do, she said, there are important differences in the levels and severity of stress women face, which result from differential exposures to stressful workplace conditions, to occupational hazards, to sexual harassment, and to work-family conflict.
- Christine Grella of the University of California, Los Angeles, offered a presentation on behavioral health disorders—specifically, substance use and mental health disorders—and gender differences and their risk for morbidity and mortality among women. She explored how biology influences the etiology, development, and prevalence of substance use and mental health disorders, and also described the role played by social-environmental context.

FUTURE RESEARCH DIRECTIONS

Alina Salganicoff presented a summary of the key issues discussed in the workshop as a basis for developing a research agenda for the future. Salganicoff identified several cross-cutting issues that emerged as workshop themes. For example, more good, accessible, and consistent data that illuminate the issues in women’s health are needed and are critically important. And understanding the impact of education, socioeconomic status, employment and social context on women’s health requires interdisciplinary research and interdisciplinary training.

For More Information . . . This workshop highlights brief was prepared by the Committee on Population (CPOP) based on the workshop summary *Improving the Health of Women in the United States: Workshop Summary* (2016). The workshop was sponsored by the Office of Research on Women’s Health of the National Institutes of Health. Any opinions, findings, conclusions, or recommendations expressed in this document are those of individual participants and do not necessarily reflect the views of all workshop participants, any organization or agency that provided support for the workshop, the Committee on Population, or the National Academies of Sciences, Engineering, and Medicine. Copies of the report are available from the National Academies Press, (800) 624-6242; <http://www.nap.edu/23441> or via the CPOP Web page at http://sites.nationalacademies.org/DBASSE/CPOP/Improving_Health_of_Women_in_US/index.htm.

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