



# Improving Women's Health State Policy Options

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Chronic diseases, such as heart disease, cancer and stroke, cause more death, illness and disability in the United States than any other cause. Each year, more than 1.7 million Americans die from a chronic disease, accounting for seven out of every 10 deaths. While chronic disease is the leading cause of death for men and women alike, women face unique health challenges. Thirty-eight percent of women suffer from one or more chronic diseases, compared to 30 percent of men. The rise in chronic diseases not only has serious consequences for the nation's health and health care systems, but it also significantly contributes to health care costs. Eighty-six percent of U.S. health care spending is on people who have chronic diseases, according to the [Centers for Disease Control and Prevention \(CDC\)](#).

Despite the health and financial costs related to chronic diseases, they are also among the most preventable of health problems. Just as women face unique health challenges, many policymakers recognize that promoting women's health and preventing disease can improve health outcomes and quality of care, and reduce costs. Policies that promote women's health also achieve results that extend beyond healthy women. According to a 2013 [report](#) by the National Partnership for Women and Families, women make 80 percent of the health care decisions in their families. They are key to maintaining healthy families, as women are more likely to be the primary caregivers to children and aging parents alike.

This brief highlights key challenges to women’s health, including chronic disease and access to care, and describes state policy options in three key areas:

- Addressing Chronic Diseases and Conditions
- Improving Access to Preventive Care
- Improving Quality of Care and Health Outcomes

## ADDRESSING CHRONIC DISEASES AND CONDITIONS

Chronic diseases are a significant burden to individuals, families and states. As the leading cause of death and disability and a major driver of health care costs, chronic conditions represent a serious challenge to state policymakers. Preventing and managing chronic disease offer opportunities to improve health and reduce costs.

### Women and Chronic Diseases: Challenges and Costs

Women experience unique health care challenges and are more likely to be diagnosed with certain diseases than men. The three leading causes of death for all women in the United States in 2013 were heart disease, cancer and chronic lower respiratory disease (Table 1). Chronic disease accounts for seven of the top 10 causes of death for all U.S. women, and the top two chronic diseases—heart disease and cancer—account for nearly half of all deaths.

#### *Underlying Causes of Chronic Disease*

Chronic diseases represent the most common and costly of all health problems, and also the

most preventable, according to the Centers for Disease Control and Prevention (CDC).<sup>1</sup>

Four behaviors—lack of physical activity, poor nutrition, tobacco use and excessive alcohol consumption—cause the majority of illness and early death related to chronic disease and conditions. Reducing the prevalence and burden of risky behaviors improves health outcomes.

Case in point: About 43 million adults, or one in five U.S. adults, smoke cigarettes. As a percentage, fewer women smoke than men; however, the consequence of smoking-related diseases hits women harder, according to the American Lung Association.<sup>2</sup>

Each year, smoking is responsible for 80 percent of lung cancer deaths in women, and lung cancer is the leading cause of cancer death among American women. Female smokers have an increased risk for developing coronary heart disease, as well as other cancers.

**Table 1. Leading Causes of Female Deaths in the United States, 2011**

Cause of Death	Percent
Heart disease	22.4 %
Cancer	21.5 %
Chronic lower respiratory disease	6.1 %
Stroke	5.8 %
Alzheimer’s disease	4.6 %
Unintentional injuries	3.8 %
Diabetes	2.8 %
Influenza and Pneumonia	2.3 %
Kidney disease	1.8 %
Septicemia	1.6 %

**Source:** Centers for Disease Control and Prevention, “Leading Causes of Death in Females.”

Tobacco use is “the single most avoidable cause of disease, disability and death in the United States,” according to the CDC. Changing this one behavior has enormous potential to save lives and health care costs. When a person quits smoking—the main risk factor for chronic respiratory diseases and lung cancer—their health improves rapidly and their disease risk declines. After one year of quitting, the risk for heart disease is cut in half, and after 10 years of not smoking, the risk for heart disease is similar to that of a person who never smoked cigarettes.

Losing weight and other healthy changes have similar effects. A heart-healthy diet, exercise and maintaining a healthy weight can prevent or delay the onset of Type 2 diabetes for people at high risk for the disease. Maintaining healthy blood pressure and cholesterol levels reduces the risk for coronary heart disease by 30 percent.<sup>3</sup>

### Chronic Disease Costs

Preventing disease and promoting health saves money in avoidable health care costs. Chronic

diseases account for two-thirds of U.S. health care costs, according to the CDC. In 2010, the total costs of treating heart disease and stroke were estimated to be \$315 billion, and cancer care costs were \$157 billion. Between 2009 and 2012, the economic costs related to smoking were more than \$289 billion a year, which includes direct medical care for adults and lost productivity from premature death.

## A Closer Look: Prevalence, Impacts and Disease-Specific Policy Options

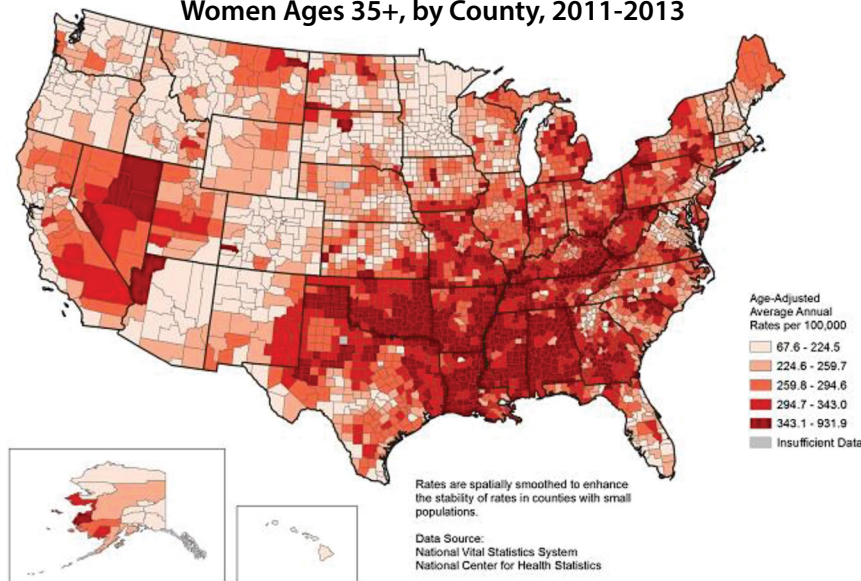
A small number of chronic diseases and conditions account for the majority of premature female deaths in the United States.

### Heart Disease and Stroke

Heart disease, stroke and other cardiovascular diseases kill more than 800,000 U.S. adults annually and account for one-third of all deaths. Compared to men, women are more likely to be under-diagnosed and under-treated for heart disease and, according to the U.S. Office on Women’s Health, women who have heart attacks are more likely than men to die from them.<sup>4</sup>

Heart disease kills about 293,000 women each year and it accounts for one in every four female deaths in the United States.<sup>5</sup> About two-thirds of women who die suddenly from coronary heart disease had not previously experienced symptoms.<sup>6</sup> Significant differences in heart disease and death rates occur among members of certain racial, ethnic and socioeconomic groups and

**Figure 1. Heart Disease Death Rates, Women Ages 35+, by County, 2011-2013**



groups in different geographic areas (Figure 1). Heart disease and heart failure are expensive for states, especially when patients are readmitted to the hospital. Congestive heart failure, which requires timely medical attention, is the fourth leading diagnosis for hospital readmissions for Medicaid patients, at a cost of \$273 million for approximately 18,800 readmissions annually.

For most people, heart disease and stroke can be prevented. The leading heart disease risk factors—high blood pressure, high cholesterol and tobacco use—are largely modifiable. Eating healthier, quitting smoking, being physically active, maintaining a healthy weight, reducing stress and taking medications as prescribed all can reduce the risk of heart disease. Policymakers have taken several steps to reduce the prevalence and costs of heart disease, such as:

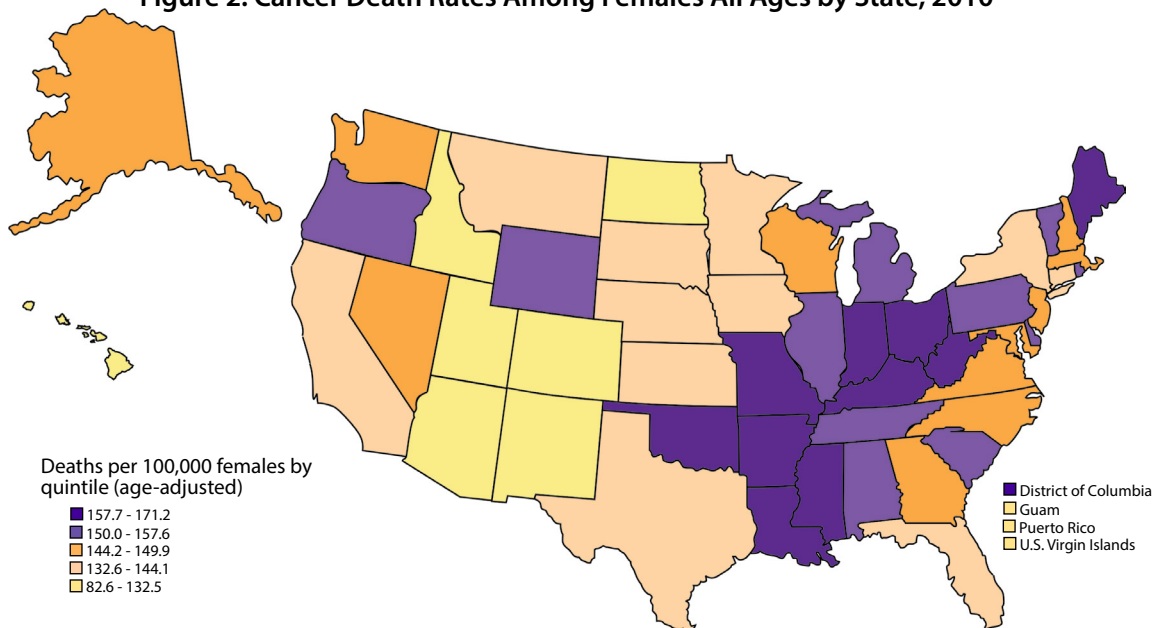
- Improving access to quality health services, such as disease management programs for Medicaid recipients who suffer congestive heart failure or coronary heart disease.

- Promoting health and wellness programs at schools, worksites, and health care and community-based settings.
- Educating and promoting awareness about risks, symptoms and prevention.
- Improving access to affordable, nutritious foods.
- Increasing access to blood pressure, cholesterol and diabetes screenings.<sup>7</sup>

### Cancer

Cancer kills more than 270,000 U.S. women each year, according to the American Cancer Society. It is the second leading cause of death among women and men in the United States. Cancer death rates vary within populations and across regions. As shown in Figure 2, cancer death rates are highest in 11 southern and eastern states. The most common cancers affecting women include breast, colorectal, endometrial, lung, cervical, skin and ovarian cancers.<sup>8</sup>

**Figure 2. Cancer Death Rates Among Females All Ages by State, 2010**



Source: *Women's Health and Mortality Chartbook*, 2014 edition.

The American Cancer Society says people can reduce their risk of cancer by not smoking, maintaining a healthy weight, being physically active, eating healthy foods, moderating alcohol consumption, using skin protection, and getting regular check-ups and cancer screenings.

Access to preventive services can help women detect some cancers earlier. In addition, raising awareness about symptoms and risk factors for particular cancers is an important component of prevention and early diagnosis, especially for cancers of the breast, lung, colon and skin, which are largely preventable. Some states address these issues by increasing access to mammograms; encouraging the Human Papillomavirus (HPV) vaccine for pre-adolescent girls to prevent cervical cancer, or have provided funding to make it more readily available; and prohibiting minors from using tanning beds.

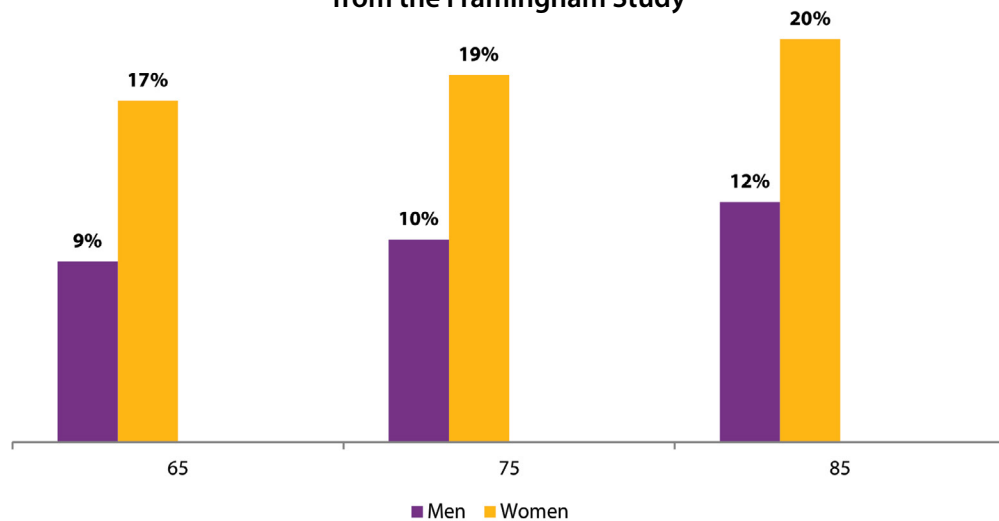


### *Alzheimer's Disease*

In 2015, nearly 470,000 Americans over the age of 65 will develop Alzheimer's Disease—a disease that currently afflicts an estimated 5.3 million Americans.<sup>9</sup> Nearly two-thirds of adults ages 65 or older with Alzheimer's are women.<sup>10</sup>

The estimated lifetime risk at age 65 was 17 percent for women and 9 percent for men (Figure 3). As the population ages, the number of people with the disease is expected to triple to 14 million by 2050.<sup>11</sup>

**Figure 3. Estimated Lifetime Risks for Alzheimer's, by Age and Sex, from the Framingham Study**



**Source:** Created from data from Seshadri et al.

## State Policy Options for Reducing Chronic Diseases

States have adopted numerous strategies to improve health and reduce the prevalence, health effects and costs of chronic disease. Policymakers have taken actions that target specific diseases, as described above, as well as general measures aimed at reducing unhealthy behaviors and improving health outcomes broadly. Examples of state actions follow.

- **Create disease registries to track prevalence, detect racial and ethnic or other disparities and target prevention and treatment interventions.** Some states have developed voluntary registries to track specific diseases and use data to inform public health policies.
- **Improve access to high-quality health services.** States encourage high-value care through coordinated care models, such as patient-centered medical homes and accountable care organizations (covered in more detail in the following section).
- **Promote health and wellness programs at schools, worksites, health care and community-based settings.** States have adopted policies to encourage physical activity and healthy eating in schools and workplaces, or promote safe environments that encourage healthy lifestyles. In 2014, Wisconsin passed legislation to provide grants to help small businesses expand their worksite wellness programs to include health risk assessments.
- **Identify evidence-based investments and best practices that promote health and reduce health risks.** Sources such as The Guide to Community Preventive Services ([www.thecommunityguide.org](http://www.thecommunityguide.org)) highlight evidence-based strategies for preventing cancer, cardiovascular disease, diabetes and other chronic conditions.
- **Develop policies that educate patients about chronic disease management, including adhering to treatment recommendations made by health care professionals.** Every state health agency provides health education services in some capacity, and many states dedicate staff and funding specifically for chronic diseases.
- **Reduce health disparities.** All 50 states have a minority health or health equity office or a point of contact. Legislators established the Arkansas Minority Health Commission to screen, monitor and treat hypertension, stroke and other disorders that disproportionately affect people of color in Arkansas.
- **Convene partners to improve public health systems.** Fifteen states and the District of Columbia participate in a Million Hearts learning collaborative led by the Association of State and Territorial Health Officials to reduce heart attacks and strokes.



The risk factors for Alzheimer’s disease include advanced age, family history, genetics and mild cognitive impairment. In addition, as with other chronic diseases, many risk factors can be modified through healthy behaviors. The same risk factors that increase a person’s risk of cardiovascular disease are also associated with a higher risk of developing Alzheimer’s disease, including smoking, obesity, diabetes, high cholesterol and hypertension. Likewise, people who adopt healthy behaviors to prevent heart disease—a heart-healthy diet and physical activity—may also reduce the risk of developing the disease.

Many states have adopted Alzheimer’s plans that include ways to improve early detection, coordinate health care services, set training requirements for health professionals and support

people caring for their relatives. Further, states may ease the economic stress on family caregivers by reimbursing them under Medicaid and covering in-home and community-based services.

### *Diabetes*

The direct medical and indirect costs of diabetes—including disability, reduced productivity, and unemployment caused by the disease—totaled \$245 billion in 2012, a 41 percent increase since 2007, according to a recent [report](#) from the American Diabetes Association.

State legislatures are exploring policy options to deal with what is a growing problem. An estimated 26 million people in the United States—8.3 percent of the population—have diabetes, a serious and chronic condition. Of those, 25 percent do not yet know that they have the condition. In addition, an estimated 86 million U.S. adults have pre-diabetes—an elevated blood sugar level that is not high enough to be classified as diabetes, but which greatly raises their risk of developing Type 2 diabetes and its complications. Diabetes is the seventh leading cause of death in the United States. Its complications, including heart disease, stroke, amputations, blindness and kidney disease, are both serious and expensive.



## Access to Care: Challenges and Opportunities

Strategies aimed at reducing chronic diseases depend in part on available preventive services and health care providers. Out-of-pocket costs for premiums, copayments and co-insurance influence people's decisions about seeking care and treatment. Women are more likely than men to postpone needed health care, forego filling a prescription or a recommended test or treatment because of cost.<sup>13</sup> About one-third of women said they postponed getting necessary health care because of cost.<sup>14</sup> People also report not filling a prescription or cutting or skipping doses due to cost concerns. Other obstacles can include lack of health care providers, language barriers and difficulties navigating a complex health care system.<sup>15</sup>

## Addressing Barriers to Care

### *Prescription Coverage on Insurance Plan Preferred Drug Lists*

Medical innovations continue to broaden treatment options for serious illnesses. Chemotherapy treatments for cancer, for example, have advanced in recent years to include, along with intravenous or injected methods, a variety of orally administered drugs. However, new advancements are costly. Even with insurance coverage, cost-sharing requirements may put some drugs out of reach for patients.

Several states have taken steps to address pharmaceutical costs for cancer treatment. Eight states and the District of Columbia require insurers to cover oral and intravenous chemotherapy drugs similarly. At least four states—Colorado, Hawaii, Minnesota and New York—require



the out-of-pocket costs of oral chemotherapy to be similar to injected kinds.<sup>16</sup>

### *Network Adequacy*

Access to care relies on insurance plans' network of primary care and specialty physicians in locations that meet their members' needs. Under the Affordable Care Act (ACA), qualified health plans that are offered through the marketplace must offer a sufficient choice of providers, provide information to enrollees about in-network and out-of-network providers, and meet other requirements. Colorado lawmakers passed legislation in 2006 that protects consumers from so-called balance billing, which occurs when an out-of-network provider bills the consumer for services provided at an in-network facility.

### *Federal Actions*

Several provisions in the Affordable Care Act address access to coverage and care, through expanded Medicaid eligibility, extended dependent coverage through age 26, tax credits and other incentives for small businesses to cover their employees, and health benefit exchanges or marketplaces through which people can obtain insurance through public or private plans.

## **Improving Quality of Care and Health Outcomes**

States also have adopted health system reforms to improve care quality and health outcomes for individuals with chronic diseases.

### *Medical Homes*

Designed to meet patient needs, the patient-centered medical home aims to improve access to

and coordination of patient care. The model consists of a team of health care providers—such as physicians, nurses, nutritionists, pharmacists, community health workers and social workers—who focus on a person's overall health and provide coordinated, comprehensive care for those whose needs are complex, such as people with chronic conditions. Medical homes coordinate care across health, behavioral, community and long-term services; offer extended office hours and enhanced communication between providers and patients and educate patients about how best to manage their conditions.

States have adopted various approaches to support the medical home. As of April 2015, 46 states were planning or implementing the medical home model for certain Medicaid or CHIP beneficiaries. Many focus on people with chronic conditions and other high-cost beneficiaries. Other state options include providing reimbursement for supplemental primary care services, such as care coordination, patient education and disease self-management.<sup>17</sup>

### *Accountable Care Organizations*

Policymakers can think of an Accountable Care Organization (ACO) as a “medical neighborhood,” where all providers—from the primary care doctor, to the specialist, to the hospital—have a stake in improving the health of patients and containing costs. Since ACOs are accountable for the health of a population, they must offer patients all necessary health services under the ACO umbrella. As both payer and lawmaker, legislatures may be responsible or delegate responsibility for establishing what may be defined as necessary health services.

### *Medication Adherence*

Taking medications as directed can control or improve common chronic conditions. However, up to half of all U.S. patients do not take their medications as prescribed. The practice of non-adherence or non-compliance can cause diseases to worsen and may lead to unnecessary hospitalization, shorter lives and even sudden deaths. Patients who did not fill their initial prescription following a heart attack had an 80 percent higher chance of dying within one year; patients who obtained only “some” prescriptions had a 44 percent chance of dying within one year. Failure to take medications as prescribed is also costly; it accounts for 33 percent to 69 percent of all U.S. medication-related hospital admissions, at a cost of about \$100 billion per year.

Lack of adherence is often linked to poor patient-provider relationships, multiple providers and patient confusion or doubt about the safety of taking multiple drugs. Several policy barriers also contribute to non-compliance, including medication costs, cost sharing and restrictive drug lists.<sup>18</sup> Some states have adopted strategies to improve medication compliance.<sup>19</sup> In Washington and northern Idaho, state employee programs contract with the Group Health

Cooperative to increase patient compliance with medications. Nurse case managers help patients understand and manage their medical conditions. The cooperative reports an annual savings of more than \$476 per participant.<sup>20</sup>

### **Conclusion**

States have adopted a wide range of strategies to improve women’s health and reduce the cost and health care burden of chronic diseases. Improving access to insurance coverage, preventing and reducing chronic health conditions and promoting wellness significantly affect the lives of women of all ages. Because women represent the cornerstone of a family’s overall health, ensuring they have access to quality care can lead to improved health for children and families, and lower costs for states. Some strategies target the underlying causes of specific diseases, while other strategies focus on promoting health and reducing risk factors that contribute to multiple chronic diseases. In addition to preventing and managing diseases, states are adopting strategies to improve access to high-quality care, as well as transform health care delivery to emphasize prevention and health promotion.

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