

Health Policy Highlights

- *What role does state policy have on women's health?*
- *How does Hawaii rank in women's health?*
- *What subgroups of women in Hawaii are at risk?*
- *What are the key research findings from this book?*
- *What are the main areas for improvement?*

INTRODUCTION

In the preceding sections, health issues for Hawaii's women have been described and quantified using local and national data, and key research findings. The purpose of this chapter is to summarize some of these health issues as key policy issues, fulfilling the three main goals of this book:

- to establish priorities for improving women's health;
- to support evidence-based policy development related to women's health;
- to engage Hawaii women in actively pursuing health and well-being.

What role does state policy have on women's health?

State policy plays a critical role in improving women's access to healthcare. Policymakers have the power and authority to legislate, regulate and enact programs that address women's needs. The overall health status of women can be improved through government policy (such as restricting access to tobacco), environmental change (such as providing better access to healthy foods and physical activity) and personal commitment to a healthy lifestyle.

Ultimately, healthcare policy needs to manifest into specific action that can be carried out by individuals and families, schools, employers, health insurers, health care providers, researchers, health profession educators, the media, state and county governments, and the federal government.

How does Hawaii rank on women's health?

Hawaii's Report Card on women's health¹

Hawaii ranks 6th nationally in 2004 in terms of women's health status according to the National Women's Law Center Health Care Report Card Project. The indicators from the report card are used throughout this book and are presented again in Table 1, showing Hawaii's ranking relative to all other states, and grading Hawaii's performance as satisfactory, unsatisfactory or failing.

Table 1. Hawaii's Ranking and Grade Related to Women's Health Indicators

Grade: ²	Satisfactory or Satisfactory Minus		Unsatisfactory		Failing	
		Rank		Rank		Rank
Top 3rd Rank 1-17	Women in County without Abortion Provider	1	% Women without Health Insurance	9		
	Obese	1	High Blood Pressure %	9		
	Coronary Heart Disease Death Rate	1	Diabetes %	13		
	Breast Cancer Death Rate	1		13		
	Arthritis	1				
	Days Mental Health was Not Good in Past 30 days	1				
	Life Expectancy	1				
	Lung Cancer Death Rate	2				
	Smoking	3				
	Binge Drinking	3				
	No Leisure-Time Physical Activity	3				
	Maternal Mortality Rate	13				
Middle 3rd Rank 18-35	Cholesterol Screening	18	Stoke Death Rate	18	Wage Gap	27
	Days Activities Limited in Past 30 days	18	Infant Mortality Rate	27	Poverty	30
	Chlamydia %	23	Pap Smears	31		
	High School Completion	23				
	AIDS Rate	24				
	First Trimester Prenatal Care	27				
Bottom 3rd Rank 36-51	Mammograms	43			Eating Five Fruits and Vegetables a Day	39
	Annual Dental Visits	43			Colorectal Screening	51

Making the Grade on Women's Health, 2004, National Women's Law Center, Oregon Health & Science University, [HYPERLINK, <http://www.nwlc.org>](http://www.nwlc.org)
Ranking #1 = Best, #51 (includes District of Columbia) = Worst

¹ Making the Grade on Women's Health: A National and State-by-State Report Card 2004, National Women's Law Center, Oregon Health & Science University, <http://www.nwlc.org/details.cfm?id=1861§ion=health>

² Grade based on Healthy People 2010 goals.

What subgroups of women in Hawaii are at risk?

ELDERLY WOMEN

Elderly women in Hawaii face unique healthcare challenges due to their longevity, representing a disproportionate share of the elderly population. This percentage is expected to dramatically increase as Baby Boomers age over the next 20 years. As a result, policy initiatives need to take into consideration the additional years of retirement, ill-health and medical expenses that elderly women incur.

- Elderly women in Hawaii are more likely than men to live below federal poverty levels.
- Elderly women in Hawaii report worse health than other age groups.
- Elderly women in Hawaii are more likely to be heavy drinkers.
- Elderly women in Hawaii are at higher risk for Type 2 diabetes.

HAWAIIAN/PART-HAWAIIAN WOMEN

Hawaiian/Part-Hawaiian women have poorer health status than any other racial/ethnic group. They are more susceptible to major chronic and degenerative diseases and more likely to engage in unhealthy behavioral risk factors than other groups in the adult population.

- Hawaiian/Part-Hawaiian women are at higher risk for heart disease and stroke.
- Hawaiian/Part-Hawaiian women are at higher risk for Type 2 diabetes.
- Hawaiian/Part-Hawaiian women are at higher risk for cancer.
- Hawaiian/Part-Hawaiian women are more likely to be overweight/obese.
- Hawaiian/Part-Hawaiian women are more likely to smoke cigarettes.

NEIGHBOR ISLAND WOMEN

Women residents of the outer islands and rural areas are at higher risk for poor health status and quality of life. There seems to be a growing gap between the overall health of women living in urban Oahu and women living on the outer islands due to poor access to healthcare providers, higher poverty and birth rates and less educational attainment.

- Neighbor island women report worse health than women on Oahu.
- Neighbor island women are more likely to smoke cigarettes.
- Neighbor island women are more likely to be heavy drinkers.
- Neighbor island women have less educational attainment.
- Neighbor island women are more likely to be unmarried mothers.

YOUNG WOMEN

Although young women in Hawaii are generally healthy with less incidence of chronic disease than other age groups, they face healthcare challenges that require special attention in maternal health and health behaviors.

- Young women in Hawaii are more likely to smoke during pregnancy.
- Young women are more likely to be hospitalized during pregnancy.
- Young women are more likely to be anemic.
- Young women are more likely to be hospitalized for amphetamine use.

What are the main areas for improvement?

The State of Hawaii has the potential to adopt a host of wide ranging policies that will affect women's access to health-care services. The policy suggestions listed below include conclusions drawn from key research findings in this book, as well as from where Hawaii ranks in the bottom third of all the states. Areas of improvement include:

- Increasing public education about the need for and benefits of colorectal screening.
- Continue public awareness programs and incentives for eating fruits and vegetables.
 - 5ADAY Better Health Program
 - Increase access and availability to farmers markets and community gardens.
 - Conduct a community inventory to assess the nutritional environment.
 - Launch school and worksite programs such as the Centers for Disease Controls and Prevention's Personal Energy Plan or PEP.
 - Ensure availability of fruits and vegetables in cafeterias and vending machines at schools and in the workplace.
 - Improve nutrition in the schools by increasing the fruits and vegetables available, reducing fat and sugar in the foods available on campus.
- Conduct further research to identify geographic areas, age groups, or other groups of women who are not receiving routine screenings for conditions which can be effectively managed if detected early (mammography, pap smears, high blood pressure readings, diabetes testing).
- Initiate further analysis regarding the poverty status and wage gap faced by Hawaii's women. Develop an action plan to address these economic issues. (There is currently no local data on occupation by sector and gender.) (Women are significantly more likely than men to be living below federal poverty levels between the ages of 18 and 24 and aged 65 and older.
- Promote healthy lifestyles with guidelines for periodic physician or health care provider visits to address both prevention and management of chronic disease.
- Conduct further research and disseminate available information to health care providers on stroke mortality among women in Hawaii.
- Conduct public awareness campaigns to educate the public on the warning signs of stroke and heart attack in women.
- Conduct public awareness campaigns on the need for twice annual dental visits.
- Determine the availability and geographic distribution of health care providers to meet the needs of Hawaii's women, including willingness to treat uninsured and low-income patients.
- Continue to identify and implement policy options to increase health insurance coverage among Hawaii's women.

Health Policy

- Conduct further research on the barriers Hawaii women face in obtaining appropriate screening, diagnostic and treatment services. These barriers may include transportation, cultural differences and language.
- Conduct further research into the differences between men and women in relation to specific diseases, including differences in symptoms, treatments, response to treatments and outcomes. Particular emphasis needs to be placed on cardiovascular diseases, e.g., heart disease, heart attacks, and stroke.
- Continue to pursue public health campaigns to address obesity, physical activity, tobacco use, alcohol misuse, illegal drug use, injury and violence against women.
- Work with health plans to change the incentives for providers to support conducting a thorough assessment of health problems and conveying essential information.
- Evaluate options for employers and health plans to reward healthy behaviors.
- Provide maternal health and “family planning” services including improved access to emergency contraception, abortion services and HIV/AIDS testing in pregnant women. The U.S. Public Health Services guidelines recommend universal counseling and voluntary HIV testing of all pregnant women.

CONCLUSION

In conclusion, policy recommendations include focusing on a few key areas to fill the existing gaps in women’s healthcare in Hawaii. More research and analysis is necessary to fully explore the far-reaching and long-term policy implications and to ensure equity in Hawaii’s healthcare delivery systems. Increased funding for women’s health research is also critical to address the quality, availability and comprehensiveness of healthcare services for Hawaii women.

The main areas for improvement outlined in this chapter require action by government, health care providers and women themselves. Establishing community partnerships dedicated to enhancing the quality of life of women is essential to ensure consistency between the public and private sectors. In addition, healthcare professionals are very influential and may need to spend more time educating, supporting and advising their female patients about behavioral risk factors and prevention, even when it isn’t related to the visit at hand. This requires recognition by health plans, i.e., payment, that this time is important and, in some cases, healthcare professionals may need more resources to better support the education of their female patients.

As the major consumer of healthcare services – for not only themselves, but also for their husbands and children – it is important to provide women with accurate, up-to-date healthcare information. Not only do women have special health needs, they are also the primary caregivers and make the majority of healthcare decisions for their families. Empowering women with information allows them to make healthy choices for future generations, but also for themselves, determining their own unique destiny.



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