



SNAPSHOT Health Status

In 2002, the Women's Fund of Rhode Island (WFRI) partnered with the Institute for Women's Policy Research to publish *Status of Women in Rhode Island*, a report that gauged women's well-being by comparing the status of women in Rhode Island to that of women in other states as well as across the nation. In 2006, an update to the 2002 report concluded that Rhode Island women continue to face barriers to political, economic, and social equality and that the status of women has deteriorated on several fronts. Although the overall health status of Rhode Island women has improved since publication of the original *Status of Women* report, many critical issues still need to be addressed—and understanding these issues is an important first step.

DISPARITIES IN MORTALITY AND INCIDENCE OF DISEASE

Heart disease is the leading cause of death for men and women of all ages in the United States. Women in Rhode Island are slightly less likely to die from heart disease than women nationally—199 deaths per 100,000 women in Rhode Island versus 211.5 per 100,000 nationally. But mortality rates vary greatly by race and ethnicity. For instance, the mortality rate from heart disease for African American women in Rhode Island (277 deaths per 100,000 women) is 56 percent higher than the rate for white women (178 per 100,000) and more than four times the rate for Hispanic women (63 per 100,000).

Mortality from lung cancer is also higher for African American women in Rhode Island than white women (62 and 47 deaths per 100,000, respectively), as is the incidence of AIDS, which affects only 2.5 per 100,000 white women in Rhode Island, but 79 per 100,000 African American women and 32 per 100,000 Hispanic women.

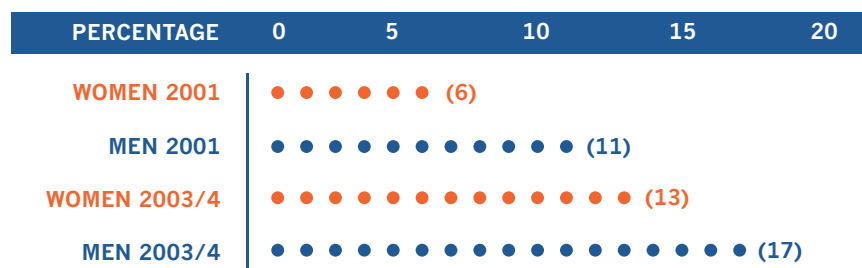
HEALTH INSURANCE

Health insurance plays an important role in determining the overall quality of health care, because it directly influences women's access to and choice of health care services. Both women and men in Rhode Island are less likely to be uninsured than women and men in the U.S. as a whole—only 13 percent of women and 17 percent of men in Rhode Island lacked coverage in 2003–04, compared to national uninsured rates of 19 percent for women and 23 percent and for men. But Rhode Island's uninsured rates have risen significantly since 2001, when only 6 percent of women and 11 percent of men had no insurance—meaning that women in Rhode Island are now twice as likely to be uninsured as they were just six years ago.

What's happening? For one thing, Rhode Island has experienced a decline in employment-based coverage, both in Rhode Island and nationally. In 2003–04, just 67 percent of adult Rhode Islanders aged 19 to 64 had employment-based health insurance, a sharp drop from the 77 percent of adult Rhode Islanders who reported employment-based coverage in 2000.

Women in Rhode Island are still more likely than men to have health insurance, in large part because of the state's extensive health care programs for pregnant women and low-income residents (women of all ages are more likely than men to have very low incomes). Fourteen percent of non-elderly adult women participate in Rlite Care and Medicaid, compared with 10 percent of men.

UNINSURED RHODE ISLANDERS*



* Sources: 2002 & 2006 *Status of Women in Rhode Island* reports

NEXT IN OUR SNAPSHOT SERIES

- ECONOMIC AUTONOMY
- REPRODUCTIVE HEALTH
- AGING

PREVENTIVE CARE

On most measures of preventive health care for women, Rhode Island is a national leader, thanks in large part to state-mandated insurance coverage for many preventive screenings (including cervical cancer). The state ranks 3rd in mammograms, 2nd in pap smears, 4th in dental care, and 8th in colorectal screening. Only in routine cholesterol screening for women does Rhode Island lag behind other states—just 16 percent of women in the Ocean State have been screened for cholesterol, compared to 25 percent nationally.

But despite Rhode Island's relative success in providing health coverage and health screening for women, concerns about women's health are growing as the population ages. A Rhode Island Department of Health survey found that only 43 percent of women aged 45 to 64 were at or below their recommended weight, only 44 percent engaged in the recommended level of physical activity, and more than half—55 percent—were former or current smokers.

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The Women's Fund of Rhode Island—leveling the playing field for women and girls.

WHAT CAN YOU DO?

KNOW YOUR RESOURCES

There are many organizations that can help uninsured and underinsured Rhode Islanders, but people in need often don't know where to turn. Even if you have insurance, you can pass this information along to others who might not.

- **Rhode Island Department of Human Services (www.dhs.state.ri.us)**

Here you can learn more about the Rite Care and Rite Share insurance programs, including whether you might qualify and how to sign up. DHS also has local offices throughout the state.

- **Rhode Island Community Health Centers (www.rihca.org)**

Located throughout Rhode Island, community health centers provide comprehensive health services for children and adults. The health centers accept Rite Care and other forms of insurance, and they treat people who are uninsured on a sliding fee scale.

- **Rhode Island Free Clinic (www.rifreeclinic.org)**

Located on Broad Street in Providence, the Clinic provides free primary medical care to adults without health insurance.

TALK TO YOUR ELECTED LEADERS

Contact your legislators (visit www.rilin.state.ri.us for contact information) and urge them to make health care issues a priority in Rhode Island.

As the number of Rhode Islanders without insurance continues to rise, Rhode Island can't afford to wait to have a conversation about universal health care. In June 2006, the General Assembly created a special Task Force on Health Care Reform to study Massachusetts' groundbreaking universal health care reform plan and its applicability in Rhode Island.

Urge your legislators to make health care coverage a priority. In particular, request that women—who are typically the health care decision-makers in families—be part of the policymaking process.

SPREAD THE WORD!

Talk to your friends, neighbors, and colleagues about women's health issues. Raising awareness can go a long way toward improving health outcomes.