Women's Health Disparities

Adopted by the SOPHE Board of Trustees
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Whereas, more than 50% of the United States (US) population are female (US Census Bureau [USCB], n.d.a) with 76% identifying as white, 13% as African American, 6% as Asian, and 18% Hispanic (USCB, n.d.b).

Whereas, more than 13% of women 18 years of age and older in 2018 were in poor or fair health (US Department of Health and Human Services [HHS], 2018).

Whereas, women are twice as likely to be diagnosed with depression, Post Traumatic Stress Disorder, (PTSD), and experience anxiety (Kuehner, 2016; Office of Women's Health, 2019; U.S. Department of Veterans Affairs, 2018).

Whereas, more than 41 million US women are annually diagnosed with cancer (Centers for Disease Control and Prevention [CDC], 2016).

Whereas, almost 30% of US women over 50 report never having a colorectal cancer screening (Kaiser Family Foundation [KFF], 2019a).

Whereas, 1 in 3 US women report not having a dental exam in the past year (KFF, 2019b).

Whereas, women and girls report engaging in less physical activity (Armstrong et al., 2018; Telford et al., 2016).

Whereas, 15 million women are diagnosed with diabetes annually (CDC, 2018). Diabetes increases the risk of heart disease in women by four times. Women experience worse outcomes following a heart attack, and women are at a higher risk for experiencing diabetes-related complications (Centers for Disease Control and Prevention, 2017; Centers for Disease Control & Prevention, 2018).

Whereas, women have a higher lifetime risk of stroke when compared to men, and they comprise a larger portion of deaths due to stroke. Among all women, African American women are more likely to have a stroke (Benjamin et al., 2019).

Whereas, health disparities exist between women based on race, ethnicity, geography, and age (KKF, 2019c).

Whereas, Non-Hispanic Black women (ages 15-24 years), are more likely to be impacted by homicide (37.2%) and heart disease (11%) compared to non-Hispanic White women (8.7% and 6%, respectively) (Heron, 2019).

Whereas, among all US women, 17% report not having a primary care physician; Hispanic women, Asian women, and Native American women reporting higher instances at 32%, 24%, and 19% respectively (KFF, 2019d).

Whereas, 15% of adult US women don't see a doctor because of cost with this rate being higher among African American (19%), Hispanic (23%), and Native American (21%) women (KFF, 2019e).

Whereas, among US women over 40 years, 27% have not had a mammogram in the past two years with 33% of Native American reporting an even higher percentage (33%) (KFF, 2019f).

Whereas, health disparities are worse in the Southern states as non-elderly adult women face higher uninsured rates TX (22%), OK (19%), MS (17%), GA (17%), AL (13%), FL (17%), SC (15%), NC (14%) (KFF, 2019g).

Whereas, in 2017, women between the ages of 19 and 64 years accessed health insurance in a variety of ways: 60% of women received health care coverage through employers, 13% received coverage via non-group or other public insurance, and 17% received coverage through Medicaid, yet, 11% were uninsured (Kaiser Family Foundation [KFF], 2018).

Whereas, in 2014, women comprised 36% of the population receiving Medicaid, yet men comprised 21% of the population receiving Medicaid (Kaiser Family Foundation [KFF], 2019h).

Whereas, among LGBT individuals, disparities exist for Lesbian and Bisexual women as they are more likely to be overweight or obese (Struble et al., 2010; U.S. Department of Health and Human Services, 2019). Women who are Lesbians are also less likely to obtain preventive services for cancer (Buchmueller & Carpenter, 2010; Dilley et al., 2010).

Whereas, among clinical trials for heart failure, coronary artery disease, and acute coronary syndrome, women remain underrepresented (Scott et al., 2018).

Therefore, be it resolved, the Society for Public Health Education, Inc. (SOPHE) shall:

Urge Congress to:

A. Advocate for:
    a. funding to decrease health disparities between and among women
    b. affordable healthcare that includes coverage for preventative care
    c. funding to increase participation in clinical trials among women
    d. allocate additional funding to the National Institutes of Health Office of Research on Women's Health

B. Support and advocate for implementation of evidence-based programs and activities that increase health equity and reduce health disparities in women's health.
C. Support policies that are driven by science-based research.
D. Oppose political interference between physicians/health providers and their patients.
E. Support the Equality Act or other legislation coming forward that support LGBTQ women have access to explicit and comprehensive nondiscrimination protections.

Encourage and support efforts within public health to:

A. Support local communities in the delivery of social services focused on women's health.
B. Support local communities to promote safe schools, neighborhoods, and housing for all women.
C. Continue collecting data to identify trends and health disparities to address specific women's health concerns.
D. Collaborate with other organizations (National, State, and Community) to work together to:
    a. Reduce women's health disparities
    b. Increase access to preventative services for all women

Internal Activities (for SOPHE, SOPHE Chapters, and Members)

1. Provide trainings, conference sessions, and pre-conference workshops focusing on issues related to women's health disparties.
2. Update materials, trainings, and workshops to include inclusive language and be culturally inclusive of all women.
3. Demonstrate public support for women's health and health care access for all women.
4. Promote inclusivity by doing activities such as ensuring speakers are culturally inclusive and using inclusive language, seeking out opportunities for venues that support diversity, continuing to provide examples of individuals or organizations who promote inclusivity of all women.

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