

02-03

## STATEMENT OF POLICY

### Women's Health

#### Policy

The National Association of County and City Health Officials (NACCHO) supports national, state, and local public health approaches that protect and promote the health of all women and address the social determinants of health through research and education. NACCHO affirms the need for a comprehensive approach to women's health throughout the lifespan and recommends that local, state, and federal public health agencies do the following:

- Strengthen and provide support for women's health, family planning, and reproductive health services.
- Ensure equal access to affordable, quality preventive services and healthcare regardless of age, race, ethnicity, gender identity, sexual orientation, education level, income, geography, immigration status, or language.
- Guarantee women have access to information so they can make informed health and healthcare decisions and ensure that that information is not restricted by regulation, laws, or healthcare providers' beliefs.
- Support efforts for paid family and medical leave for all workers.

#### Justification

Women's health status is directly influenced by a number of social and environmental factors. Unequal access to information and health services further increase health risks among women. Some of the sociocultural factors that prevent women and girls from benefiting from quality health services and attaining optimal health include unequal power relationships between men and women; social norms that decrease education and paid employment opportunities; an exclusive focus on women's reproductive roles; and potential or actual experience of physical, sexual, and emotional violence.<sup>1</sup> These factors impact availability of and access to quality healthcare and preventive services.

The life course perspective suggests that a complex interplay of biological, behavioral, psychological, and social protective and risk factors contributes to health outcomes across the span of a person's life.<sup>2</sup> In this approach, healthcare and preventive services for women are comprehensive and integrated across the lifespan. A life course approach to women's health focuses on preventive care by examining a woman's physical and mental health across her entire lifespan rather than simply focusing on reproductive health.<sup>2</sup> With a focus on preventive care and education throughout their lives, women are empowered to influence their health and are self-aware of health status and behaviors. Research and education through a life course perspective leads to improved understanding of risk factors and enhanced opportunities for prevention. A life course approach recognizes the intergenerational (e.g., interplay between mothers and children)



aspects of health—that the well-being of a woman impacts the well-being of her children—and places increased value on ensuring the health of all women.<sup>2</sup>

Paid family and medical leave is essential to supporting the health and well-being of women and their families. Currently, only 13% of the workforce has paid family leave and less than 40% have personal medical leave through their employer. Paid family and medical leave allows workers to address a serious health condition or care for a family member.<sup>3</sup>

A significant number of women in this country still lack health insurance and access to health and social services. Nationwide, approximately 13.9% of women of reproductive age are uninsured.<sup>4</sup> Women with health coverage are more likely to obtain necessary healthcare services including preventive, primary, and specialty care. Healthcare reform, specifically new standards for the scope of benefits, access to affordable health insurance, and access to health and social services, has seen some success: a 4.9% increase in insurance coverage for adult women.<sup>5</sup> Increasing access to healthcare for women demonstrates progress; however, 25.6% of women 15–44 living below the poverty line still lack insurance.<sup>4</sup> Ultimately, these factors contribute to poorer health outcomes.

When women do receive access to care, decisions regarding healthcare management should be made privately between the healthcare provider and patient. A provider should always put the patient's welfare and best interests first. Providers have an ethical responsibility to provide patients with accurate information about healthcare options or refer the patient to such information.<sup>6</sup> Refusal laws for providers, including pharmacists, must not limit access to legal health services, procedures, and medications. When providers deny women access to information about all healthcare options, they compromise women's health.<sup>7</sup>

Certain diseases and conditions exclusively or disproportionately impact women's health. In addition, there are substantial differences between the sexes in leading causes of death, risk factors, signs and symptoms of disease, and prevention or treatment strategies. Some of the diseases or conditions that disproportionately affect women include heart disease, physical disabilities, depression, and certain cancers. Additionally, minority women are disproportionately affected by a number of diseases and health conditions, including HIV/AIDS, other sexually transmitted infections, diabetes, and overweight and obesity.<sup>8</sup>

More research is needed to address resource gaps, reduce disparities, and improve knowledge to prevent the negative sociocultural conditions that impact women's health. Prevention research as it relates to the etiology of women's health issues, and with a particular focus on gender inequalities and racial, ethnic, and socioeconomic disparities in health outcomes, is a critical component of the women's health research agenda. Additionally, women should be enrolled in clinical trials to better understand the causes, symptoms, prevention, and treatment of conditions and diseases that specifically affect women. Additional research will support the life course perspective as a framework for examining women's health.

As more evidence on the impact of gender on health becomes available, local health departments will be better equipped to develop appropriate responses to promote and expand health policy and preventive services to ensure optimal health for all women.

## **References**

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## **Record of Action**

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