

# Low Income Women's Health: Facts, Issues, Options for Advocacy

Prepared by the Community Outreach and Public Policy Committee



## FACTS

- **HEART DISEASE:** Poverty, social isolation, and stressful working environments dramatically increase the risk of heart disease through greater exposure to risk factors such as cigarette smoking, physical inactivity, high-fat diets, and psychological stress. (CDC)
- **DIABETES:** Nationally and in Baltimore, diabetes has been growing dramatically. African Americans are 1.8 times more likely to have diabetes than whites of a similar age. Treatment is complex and expensive and requires high levels of patient self-management. Complications include heart disease and stroke, high blood pressure, blindness, kidney disease, nervous system disease, amputations, dental disease, and pregnancy complications. (NAPH)
- **RACIAL DISPARITIES:** Racial disparities are evident across the board: in Maryland 1999-2001, African American women had mortality rates that were 26% higher than white women for heart disease and 26% higher for breast cancer. The incidence (per 100,000 adolescents and adults) of AIDS among African American women in Maryland in 1999 was 68.2; among white women, 2.3. Mortality rates for lung cancer, the leading cancer cause of deaths of women, are similar in white and African American women. (IWPR)
- **TEEN PREGNANCY:** Teens who have babies are less likely to complete school and more likely to be single parents. Less than a third complete high school. They suffer medical problems such as poor weight gain, pregnancy-induced hypertension, anemia, sexually transmitted diseases and later are at greater risk for obesity and hypertension. The growth in single-parent families is the most important reason for increased poverty among children. (NCPTP)
- **BABIES OF TEEN MOTHERS:** The teens' babies suffer from higher rates of low birth weight and related health and developmental problems that continue into childhood. They receive less medical treatment than children of older mothers, often receive inadequate parenting and fall victim to abuse and neglect. They frequently do poorly in school – they are 50% more likely to repeat a grade, do much worse on standardized tests, and are less likely to complete high school. (NCPTP)
- **HEALTH INSURANCE:** People without health insurance are more likely to postpone prevention services or treatment early in an illness, and therefore to develop serious conditions or perish. They pay a significant share of the cost of care themselves but the rest is borne by government and private payers, an estimated \$900 million in Maryland in 2002. (DHMH)
- Approximately half of all personal bankruptcies are caused by medical expenses. (JHA)
- Over 16 percent of Marylanders under the age of 65 were uninsured in 2004, a total of 805,000 citizens (671,100 adults and 134,000 children under age 18). The percentage of uninsured is increasing. (Census)
- Two-thirds of uninsured Marylanders work full-time. Reductions in employer-based coverage accounts for the growth in the ranks of the unemployed. (MHCC)
- The uninsured are found at every income level. In 2002-03, 49% were low income, 28% were of modest means (incomes at 200-400% of federal poverty levels), and 23% had above median incomes. (MHCC)
- African Americans, who make up slightly more than 28% of the Maryland population, comprise 32% of the uninsured.

## BALTIMORE CITY ISSUES

- The leading causes of death of Baltimore City women from 2001-2004 were : 1) cardiovascular diseases, 2) cancer, 3) cerebrovascular diseases (stroke), 4) diabetes, and 5) septicemia. Together, cardiovascular disease and cancer account for half the fatalities. (BCHD)
- Women comprise an increasing percentage of AIDS cases in Baltimore City, up from 23% in 1992 to 37% in 2004; 93% of the women who died of AIDS 2001-2004 were African-American. (BCHD)
- 30 percent of individuals served by Baltimore's Healthcare for the Homeless are women.
- Asthma mortality rates (men and women) 1999-2003 in Baltimore City were 2.4 times the state average and Baltimore County rates. (DHMH)
- The percentage of Baltimore City adults told that they had diabetes increased over 25% between 2001 and 2004, to 10% of adults. (CDC)
- In 2004, 30% of Baltimoreans were obese (Body Mass Index of 30 or above), compared to 24% of Marylanders and 23% of U.S. citizens. (CDC)
- Over 27% of Baltimoreans smoked in 2004, compared to 19.5 % in the state and 21% nationally. (CDC)
- Sexually transmitted disease among Baltimore City women has declined sharply since 2001.
- The number of Baltimoreans with vaccine-preventable diseases (hepatitis A&B, measles, flu, meningitis, etc.) declined 38% between 2000 and 2003. (BCHD)
- The teen birth rate dropped 18.2% between 2000 and 2003. The Baltimore City Health Department set a goal of reducing teen births to less than 75 per 1,000 teens by 2005, and was able to meet and exceed this goal by 2003. (BCHD).
- Approximately 25 percent of new Baltimore City mothers did not receive prenatal care in the first trimester of their pregnancy, 2000-2003. (DHMH)

## ADVOCACY OPTIONS

- Ask any candidate running for office who seeks your contribution what he or she has done or plans to do to address the health needs of low income women.
- The policy agenda of Healthcare for the Homeless can be found at [www.hchmd.org/advocacy.html](http://www.hchmd.org/advocacy.html).
- Safe and Sound is an accountability and sustainability movement to improve conditions for Baltimore children, youth and their families. Its website address is [www.safeandsound.org](http://www.safeandsound.org).
- The 2006 public policy agenda of Advocates for Children and Youth can be found at <http://www.acy.org/2006%20Public%20Policy%20Agenda.pdf>.
- The non-ideological National Campaign to Prevent Teen Pregnancy is based on sound research and involves teens in its efforts. [www.teenpregnancy.org/about/staff/leader.asp](http://www.teenpregnancy.org/about/staff/leader.asp).
- The Maryland Citizens Health Initiative has developed a comprehensive plan for achieving health care for all Marylanders. The plan and its history, implementation progress to date, and current advocacy opportunities can be found at [www.healthcareforall.com](http://www.healthcareforall.com).

*SOURCES: Baltimore City Health Department, Centers for Disease Control, Institute for Women's Policy Research, Journal of Health Affairs (Feb 2005), Maryland Department of Health and Mental Hygiene, Maryland Health Care Commission, National Association of Public Health Hospitals and Health Systems, National Campaign to Prevent Teen Pregnancy*

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