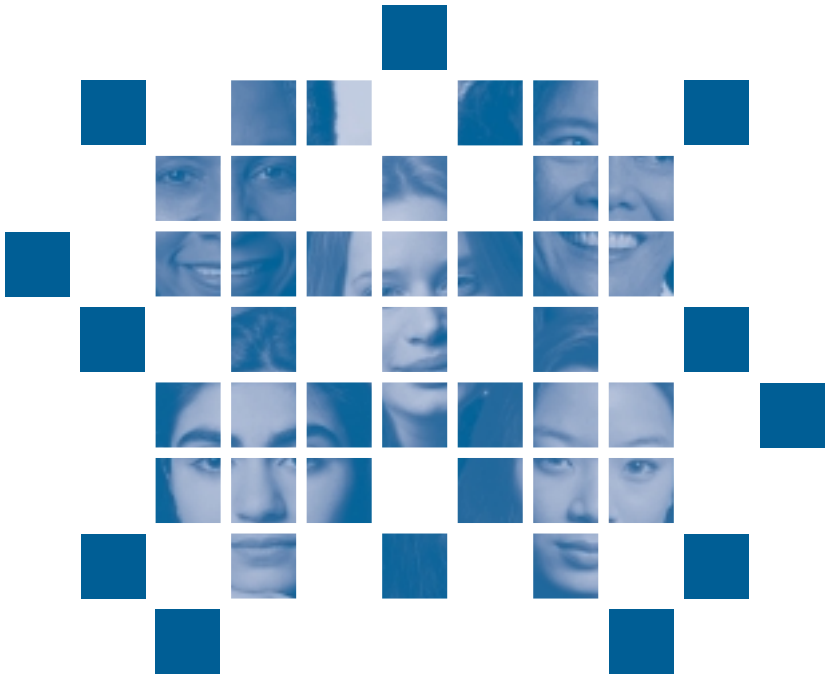

CHAPTER VIII

METHODOLOGY FOR INDICATOR SELECTION AND EVALUATION

The *Report Card* is designed to present an accurate, broad assessment of women's health and the challenges that the country must meet to improve women's health and well-being. The health status and policy indicators included in this *Report Card* address the most important issues affecting women's health and well-being within the parameters of the data that were available. Wherever possible, the *Report Card* presents the most recent data available for each indicator. In some cases, the *Report Card* uses slightly older data if they included additional information by race or ethnicity. In addition, older data were sometimes used to be consistent at both the national and state levels as well as to be consistent with the various methodologies used. Data collection for the *Report Card* ended in the Fall of 2001. It is expected that additional data will have become available and some state policies will have changed between the time when data collection ended and the *Report Card* was published.

Health Status Indicator Methodology

This section describes criteria for status indicator selection, data sources and limitations, grading and ranking, and modifications from the 2000 *Report Card*.

Criteria for Indicator Selection

Health status indicators were selected based primarily on whether they had a significant impact on women's quality of life, functioning and well-being, and whether they affected a large number of women generally or a large number of women in a specific population and/or age group. Additional criteria were whether the indicator could be affected through intervention, prevention or improvement; was potentially measurable; was commonly used or there existed consensus on use; or reflected an emerging important issue where the problem was increasing in prevalence, incidence, or severity.

Women's health status varies by ethnic and racial groups as well as by age. Wherever possible, the state data for the status indicators are disaggregated by these categories. In many cases, state data on these specific populations of women were not available or available only at the national or state level. The available information is presented on the national and state report cards (chapter II) and in chapter VI.

Data Sources and Limitations

The *Report Card* uses data from population-based surveys whenever the data were available. The *Report Card* typically uses published information, however the National Center for Health Statistics (NCHS) mortality data are currently published age adjusted to the 2000 standard population, which are not comparable to the mortality data used in the 2000 *Report Card* (which are age adjusted to the 1940 standard population). Therefore, to be consistent with the 2000 *Report Card*, the 2001 *Report Card* includes data obtained through requests for special data runs from NCHS. With few exceptions, the data presented in the *Report Card* were collected at the state level and reported by sex. Exceptions include a few indicators based on data not reported by sex, but where general population data were viewed as a reliable reflection of women's health status (such as the number of people living in medically underserved areas). More detailed information including data sources and explanations are presented for individual indicators in the notes at the end of chapter III. Some national data on key measures of women's health are included, even though there were no state data available for the state indicators (arthritis, osteoporosis, unintended pregnancies and violence against women), given their importance to women's health. Data are also presented by race, by ethnicity and by age wherever possible. Although reporting data by income level also would have been desirable, time and data constraints precluded their inclusion in this *Report Card*.

Grading and Ranking

Where possible, the *Report Card* uses the overall Healthy People 2000 objectives as grading benchmarks. These objectives are based on benchmarks (some for both men and women, and some for women only or certain age groups) that were primarily drawn from the ten-year health objectives set for the nation by the U.S. Department of Health and Human Services' Healthy People 2000. In January 2000, the U.S. Department of Health and Human Services released Healthy People 2010 benchmarks. Where a Healthy People 2000 goal does not exist, and data are available, the *Report Card* uses the Healthy People 2010 benchmark. As the nation moves toward meeting Healthy People 2010 benchmarks, future *Report Cards* will use Healthy People 2010 benchmarks. On page 254 the chart shows the benchmarks for each of the indicators, also showing the Healthy People 2000 and Healthy People 2010 benchmarks.

In cases where there is no Healthy People benchmark, states are ranked, not graded, except for a few instances where another benchmark was available. For example, in the case of life expectancy, the Healthy People 2010 goal is to increase life expectancy, but no specific target is provided. The *Report Card* adopted Japan's life expectancy for women as a benchmark, since it is a highly industrialized nation with the highest life expectancy for women.

Because the Healthy People benchmarks and the status benchmarks are incremental, the *Report Card* gives a highest grade of "Satisfactory" ("S") to states that meet the benchmark. States that are within ten percent of the benchmark receive an "Unsatisfactory" ("U"). States that miss the benchmark by more than ten percent receive a "Fail" ("F"). Each state is given a total grade and a total rank for the status indicators. The total grade is an average of the points for the 26 status indicators that are awarded individual grades. Each grade is assigned the following points: three for "S", two for "U", and one for "F". Each status indicator grade is given equal weight in calculating the total grade. States receive a "U+" for the total grade if they receive an "S" for ten or more indicators. The total rank is average rank, based on the state's rank on each of the 29 status indicators that are ranked. Each status indicator's rank is given equal weight when calculating the total rank. The *Report Card* gives the nation a total grade based on the average of 28 national grades; the two additional grades at the national level (that do not exist at the state level) are for unintended pregnancies and osteoporosis for which there are no state-level data.

Modifications from the 2000 *Report Card*

The most notable change from the 2000 *Report Card* to the 2001 Report Card status indicators is the addition of a new health status indicator on oral health. This indicator was used in calculating the overall grading and ranking at the state level and for the overall national grade.

The 2001 *Report Card* generally uses the same data sources for indicator grading and ranking that the 2000 *Report Card* used, wherever possible using the most recent data available. However, for a few indicators that have been updated at the national level but not at the state level (life expectancy, maternal mortality), the *Report Card* uses the older data to be consistent at both the national and state levels. In addition, there are a few indicators for which updated data were not available and this *Report Card* has reprinted the data used in the 2000 *Report Card*. More specifically, updated data for access to abortion providers are not available at either the national or state level; updated data for osteoporosis, unintended pregnancies, and violence against women which are national level are also not available. For these indicators, the 2001 *Report Card* uses the same data published in the 2000 *Report Card* and includes the data in the overall calculations for grading and ranking. There are also some status indicators for which data runs were made specifically for the *Report Card* (e.g., the data for death rates).

As mentioned before, where possible, the *Report Card* includes data by race/ethnicity and age. Although these data are from the same source as the overall data, there may be differences in methodologies and data years, which are explained in the "data source" notes in bold and italics at the end of chapter III.

Health Policy Indicator Methodology

The state policy indicators examine state policies and programs important to women's health – whether statutes, regulations, executive orders, or other manifestations of state policies and programs. This section describes criteria for policy indicator selection, data sources and limitations, categorizing the policies, and modifications from the 2000 *Report Card*.

Criteria for Indicator Selection

The criteria used to select the indicators for state health policies are similar to those used to select the health status indicators. State policy indicators were selected based on whether they addressed and could have a significant positive impact on the critical women's health issues reflected in the status indicators; whether they were measurable and able to be compared across states; and whether they had been adopted by at least one state.

While the status and policy indicators are closely connected, some state policy indicators are included even though there is no status indicator that correlates directly to those policies. In cases where there were no reliable data for every state describing the extent of a major women's health problem, such as domestic violence, the *Report Card* included state policies that addressed that problem, and identified the need for better research and data collection.

Data Sources and Limitations

The type of state actions considered vary from indicator to indicator, and are described in the "data source" notes at the end of chapter III. Generally, the *Report Card* includes state health policy information that was collected from published or on-line sources, such as *State Legislated Actions on Tobacco Issues* published by the American Lung Association, which was the source for the data regarding indoor smoking restrictions. The Health Policy Tracking Service of National Conference of State Legislatures (NCSL) specially collected some information for the *Report Card* on state insurance policies regarding Medicaid and private insurance mandates.

Adopting the policies covered by the indicators can improve women's health, but the states' actual implementation is a crucial component in determining whether and how much the policies improve women's health. Generally, the *Report Card* does not explore the effectiveness of state implementation efforts or subsequent judicial actions because such data are not routinely or consistently available. Some sources noted delayed effective dates of policies (e.g., a statute was passed in 2001, but not effective until 2002). Since it could not be reasonably determined that sources identified delayed effective dates uniformly (e.g., that some states with delayed effective dates were not identified) and since the adoption of the relevant policy still demonstrates some state commitment, the 2001 *Report Card* considers a state to be in the relevant category regardless of effective date; when, however, the source notes a delayed effective date, the *Report Card* generally recognizes this fact in the notes at the end of chapter III.

Categorizing the Policies

The strength of the state policies is indicated on the state report card pages by the designations "Meets Policy," "Limited Policy," "Weak Policy" and "No Policy/Harmful Policy." The 2001 *Report Card* renames the lowest category, changing it from "No Policy" to "No Policy/Harmful Policy." This clarification recognizes that states can actually adopt policies that are just as harmful as having no policy at all.

The *Report Card* authors determined the categorizations for each of the policies after research and input from experts. Some policies have all four categories, others have three or two categories. The categorization of the composite indicators is generally based on a specific formula. Under the formula, each component of the policy received a score based on its categorization as follows: "Meets Policy" received three points; "Limited" received two points; "Weak" received one point and "No policy/Harmful policy" received zero points. Each of these scores for the components to the composite was added together and then divided by the number of components. To receive a "Meets Policy" on the composite, a state had the policy for each of the components (i.e., it received a three for each component). "Limited Policy" received a score of two to 2.99. "Weak Policy" received a score of .01 to 1.99. When there are only two components to a composite, however, the composite grades were also based on the relative importance of each component, as determined by research and consultation with experts. Only those states that did not adopt any policy (or only adopted harmful ones) received a "No Policy" on the composite.

Modifications from the 2000 *Report Card*

Whenever possible, this second *Report Card* uses updated information from the same source or sources that were used for the indicator in the 2000 *Report Card*. If those sources were not available, the 2001 *Report Card* uses other reliable sources. If no such updates were available, the 2001 *Report Card* includes the indicator data from the 2000 *Report Card* when appropriate. Comparisons between data in the 2000 and 2001 *Report Cards* reflect 2000 information with any corrections to the 2000 data as noted. Two new components of indicators are included in this *Report Card* that were not included in the 2000 *Report Card* based on changed circumstances: the Medicaid breast and cervical treatment option and state tobacco prevention programs.

Demographic Profile Methodology

The demographic profile includes 14 categories of data that provide the context for the *Report Card* status and policy indicators. The profile offers a "snapshot" of the population of women in each state, and the nation as a whole, based on general descriptions, as explained further below. This information is included on the national and state report cards as a supplement to the status and policy indicators. Tabulations in the demographic section are based on data from the most recent two years (1999 and 2000) of the U.S. Census Bureau's *Current Population Survey* (CPS) March Annual Demographic File. The most recent two years of CPS data are used to increase the number of women in the analysis and improve accuracy, especially for smaller states. Although the source of the basic CPS data is the U.S. Census Bureau, the *Report Card*, in cooperation with Decision Demographics, developed the specifications for the demographic measures in this publication.

Demographic Data Sources

Listed below are the data sources for the specific demographic data listed on the state report card pages. The time periods to which the data apply also appear in bold. The term "institutionalized population" as used in the *Report Card* includes persons "under formally authorized, supervised care or custody, such as in federal or state prisons; local jails; federal detention centers; juvenile institutions; nursing, convalescent, and rest homes for the aged and dependent; and homes, schools, hospitals or wards for the physically handicapped, mentally retarded, or mentally ill." U.S. Census Bureau, *Census of Population and Housing, 1990: Summary Tape File 3, Technical Documentation* (Washington, DC: U.S. Census Bureau, 1992) [CD-ROM].

Total Population of Women (% and #), 1999 and 2000. U.S. Bureau of Labor Statistics and U.S. Census Bureau, *Current Population Survey, March 1999 and March 2000 Supplements* (Washington, D.C.: U.S. Census Bureau, 1999, 2000) (databases) (hereafter "U.S. Census Bureau") (unpublished data analyzed by Decision Demographics for the 2001 *Report Card*). To compensate for small sample size, Decision Demographics combined the applicable data from the two supplements to arrive at more reliable estimates. EXPLANATION: This measure includes females of all ages as a percentage of the total civilian, non-institutionalized population of the state.

Population of Women 18 and older (% and #), 1999 and 2000. U.S. Census Bureau. EXPLANATION: This measure includes females age 18 and over as a percentage of the total civilian, non-institutionalized population of the state.

Women by Race (% and #), 1999 and 2000. U.S. Census Bureau. EXPLANATION: This measure includes females of all ages in the civilian, non-institutionalized population in the following categories: white (non-Hispanic), black (non-Hispanic), Native American/Alaskan Native (non-Hispanic), Asian/Pacific Islander (non-Hispanic), and Hispanic. Data are provided as a percentage of total civilian, non-institutionalized females in the state. In the *Report Card*, the terms "African American" and "black" are used interchangeably.

Women by Age (% and #), 1999 and 2000. U.S. Census Bureau. EXPLANATION: This measure includes females in the civilian, non-institutionalized population in the following age categories: 0 to 14, 15 to 24, 25 to 44, 45 to 64, 65 to 84, 85 and over.

Median Age of Women (years), 1999 and 2000. U.S. Census Bureau. EXPLANATION: This measure applies to all females in the civilian, non-institutionalized population. The median age divides the age distribution into two equal parts; half fall above the median and half fall below.

Households Headed by Single Women (% and #), 1999 and 2000. U.S. Census Bureau. EXPLANATION: This measure includes households headed by a woman with no spouse present.

Median Earnings for Women ($), 1998 and 1999. U.S. Census Bureau. EXPLANATION: This measure includes wages, salaries, self-employment income and farm income for civilian, non-institutionalized women age 17 and over who reported full-time, full-year employment. The median income divides the income distribution into two equal parts; half fall above the median and half fall below.

Women Prisoners (% and #), 1998. U.S. Bureau of Justice Statistics, National Prisoner Statistics Data Series (NPS-1) (Washington, D.C.: U.S. Bureau of Justice Statistics, 2000). EXPLANATION: This measure includes female prisoners age 18 and over under state jurisdiction (state "Adult Correction Facilities") as of December 31, 1998 as a percentage of the state's female population age 18 and over.

Women with Disabilities Affecting Workforce Participation (% and #), 1999 and 2000. Decision Demographics/U.S. Census Bureau. EXPLANATION: This measure includes civilian, non-institutionalized women age 18 to 64: (a) who are not in the labor force because they are disabled or (b) whose labor force participation in the past year has been limited by disability or illness and who also receive Social Security or Supplemental Security Income.

Women Residing in Urban Areas (% and #), 1999 and 2000. Decision Demographics/U.S. Census Bureau. EXPLANATION: The data include the number of civilian, non-institutionalized females (all ages) residing in counties that are included in Metropolitan Statistical Areas (MSAs). One hundred percent of the population in the District of Columbia and in New Jersey lives in an MSA.

Women Living in Linguistic Isolation (% and #), 1990. U.S. Population Reference Bureau, *What the 1990 Census Tells Us About Women: A State Factbook* (Washington, D.C.: U.S. Population Reference Bureau, 1993), 5. EXPLANATION: A person living in "linguistic isolation," as defined by the Census, is in a household in which no person 14 years and over speaks only English, and no person 14 years and over who speaks a language other than English speaks English "very well." All the members of a linguistically isolated household are tabulated as linguistically isolated. This measure includes all females in these households as a percentage of the total population of females age five and over in a state.

Women with Some College or Associate Degree (% and #), 1999 and 2000. U.S. Census Bureau. EXPLANATION: This measure includes the percentage of civilian, non-institutionalized women age 25 and over who have one or more years of college but no degree, and civilian, non-institutionalized women age 25 and over who have attained an Associate degree.

Women with a Bachelor's Degree or Higher (% and #), 1999 and 2000. U.S. Census Bureau. EXPLANATION: This measure includes the percentage of civilian, non-institutionalized women age 25 and over who have attained a Bachelor's, Master's, doctorate, or professional degree.

Births Attended by Midwife (%), 1997. Centers for Disease Control and Prevention, National Center for Health Statistics, "Trends in the Attendant, Place and Timing of Births, and in Use of Obstetric Interventions: United States, 1989-1997," *National Vital Statistics Reports 47* (1999), Table 2, 8. EXPLANATION: This measure includes the percentage of live births attended by a midwife using data reported on birth certificates. Although the percentage of birth records that contains missing information for the attendant is very small (less than one percent), there is some evidence that midwife-attended births are under-reported on the birth certificates. According to the results of the 1994 membership survey of the American College of Nurse Midwives, about six percent of midwives reported that they were not identified as the attendant at delivery for some births that they attended. L.V. Walsh and others, "Findings of the American College of Nurse-Midwives, Annual Membership Survey, 1993 and 1994," *Journal of Nurse Midwifery* 41 (1996), 230-235.