

Making the Grade on Women's Health: A National and State-by-State Report Card, 2004

Fact Sheet: The Health of Older Women

Making the Grade on Women's Health: A National and State-by-State Report Card assesses the overall health of women at the national and state levels by examining 34 indicators of women's health status and 67 state policies that can contribute to improving women's health. Below are highlights of the health of midlife and older women.

Health Issues Facing Midlife and Older Women

Midlife and older women (women age 45 and older) face unique challenges. Nearly one-third of women in the U.S. are between 45 and 64, and nearly one in 10 is 65 or older. Women in midlife are struggling to balance the demands of work, children, and aging parents. According to the Older Women's League, the average woman age 65 and over lives six years longer than the average man. As a result, she is typically widowed and living alone. She struggles to make ends meet on an annual income that is about half that of a man her age. These factors have a profound impact on the health of these women.

Causes of Death

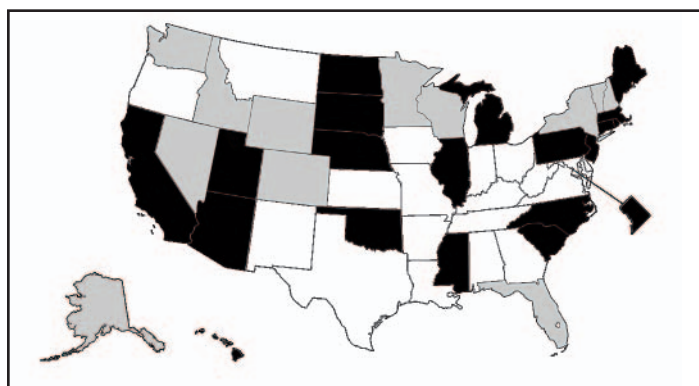
Causes of death among midlife and older women vary by age. Coronary heart disease (CHD) is the leading cause of death for all women ages 45 and older. For all women between the ages of 45 and 64, lung cancer and breast cancer are the second and third causes of death. However, women over 64 are more likely to die of stroke and chronic lower respiratory disease than cancer. For women over 85, Alzheimer's disease falls within the top three causes of death.

Health Insurance

Nearly fourteen percent of women ages 45 to 64 are uninsured. Lack of insurance has detrimental effects on access to and use of health care for these women and their families. Medicaid can be a source of insurance for midlife women with young children who meet the strict eligibility requirements. States can bring more women into this critical safety net program by expanding their Medicaid income eligibility requirements to cover parents with incomes at or above 200 percent of the federal poverty level (FPL). Currently, only **five states** have set their income eligibility at this level.

For low-income individuals who do not have children and are not elderly or disabled, there is no federally mandated public coverage. Consequently, this population makes up the largest portion of the uninsured. States can create programs to cover these individuals, either through expansions of Medicaid or by creating a state-funded program. **Seven states** provide comprehensive health coverage to uninsured adults whose income is at or above 100% of the federal poverty level, while **eight states** have programs whose eligibility level is below 100% of the federal poverty level or is otherwise limited.

Medicare (the federal insurance program for people over 65) lacks coverage for certain high-cost services, such as long-term care, which women use in greater quantities than men. Medicaid can fill in some of the coverage gaps for low-income seniors and qualified people with disabilities.



Medicaid Eligibility by Income: Aged & Disabled (% FPL), 2003

- Eligibility at or above 100% of FPL
- Eligibility between 75% and 99% of FPL
- Eligibility below 74% of FPL

Data Source: Medicaid Eligibility by Income: Aged and Disabled (% FPL), 2003: Families USA, "Medicaid Eligibility, June 2003," unpublished chart.

Support for Caregivers

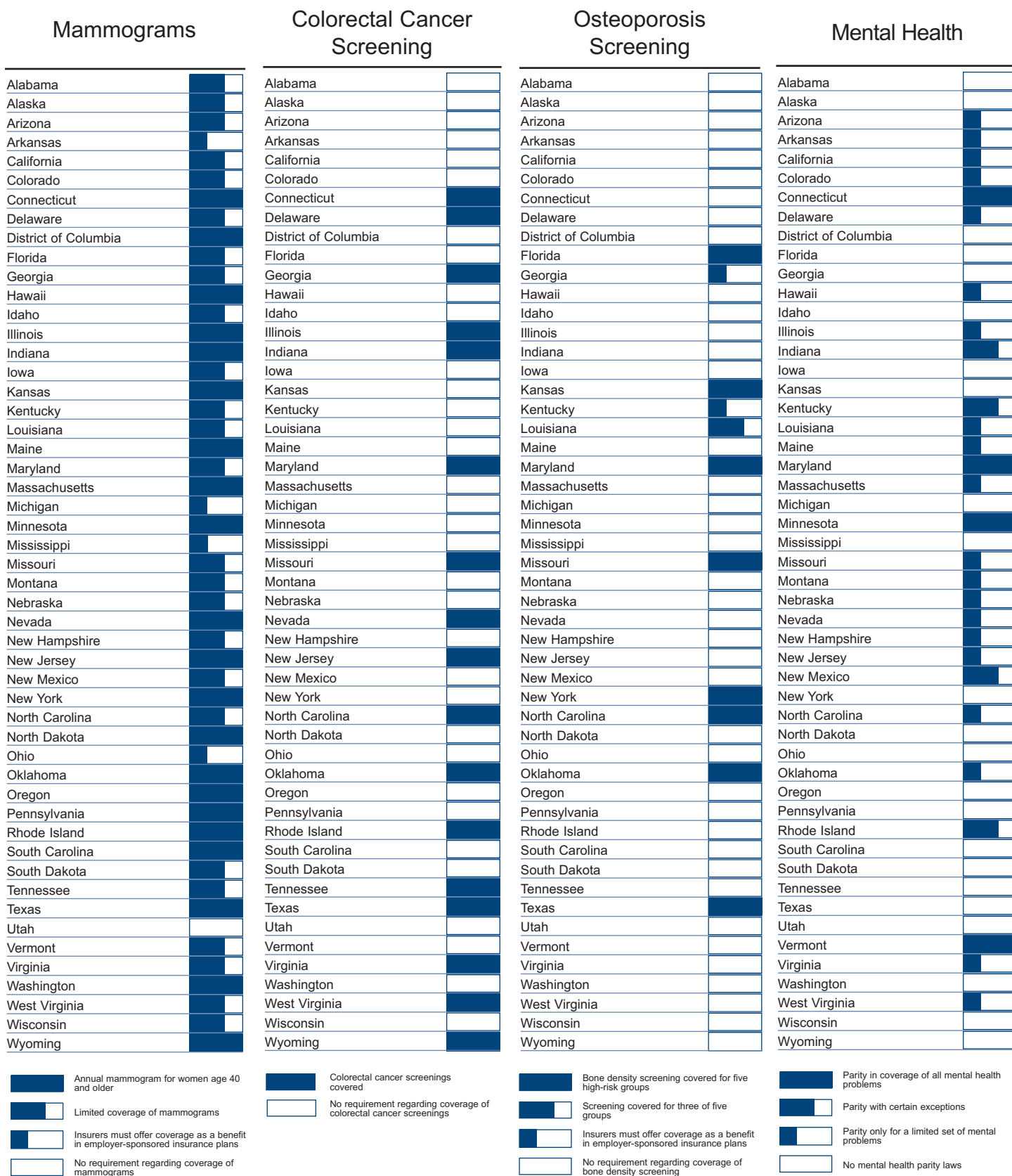
In 1993, the Family and Medical Leave Act (FMLA) was passed to provide employees (in companies of 50 or more) the option to take up to 12 weeks of unpaid leave to care for a sick family member or a new baby or to recover from illness. However, the FMLA does not help those low-income families who can not afford to take unpaid leave. States can assist these women by providing some payment during leave periods. Currently, only **one state** provides paid family and medical leave.

There are many barriers to quality long-term care services, including cost. To prevent the high cost of long-term care from impoverishing the spouses of nursing home residents, federal law requires states to protect some of the assets and income of the non-institutionalized spouse through a resource and income allowance. **Ten states** have the highest resource and income allowances allowed by the federal government, while **twenty states** offer the lowest level permitted by law.

Information in this fact sheet is drawn from *Making the Grade on Women's Health: A National and State-by-State Report Card 2004*, prepared by the National Women's Law Center and Oregon Health & Science University. The full report is available for download or purchase from www.nwlc.org.

Private Insurance Coverage Mandates

State policies can serve the privately insured by mandating that plans cover key services that historically have not been covered by insurers. These services include screenings for diseases that affect older women, namely breast and colorectal cancer and osteoporosis. Breast cancer is a leading cause of death for women ages 45-64. Colon cancer is the third leading cause of cancer-related deaths among women and is most common among people over age 50. Eighty percent of cases of osteoporosis occur in women. Insurance mandates are also important for the treatment of mental health problems, which are sometimes assumed to be a normal part of aging.



Data Source, Mammogram, 2002: National Conference of State Legislatures, "Women's Health: Breast and Cervical Cancer Screening Coverage Requirements," Health Policy Tracking Service Issue Brief (December 31, 2002).
Data Source, Colorectal Cancer Screening, 2003: National Conference of State Legislatures, "Mandated Benefits: Colorectal Cancer Screening Coverage Requirements," Health Policy Tracking Service Issue Brief (October 1, 2003).
Data Source, Osteoporosis Screening, 2002: National Conference of State Legislatures, "Osteoporosis Screening," Health Policy Tracking Service Issue Brief (April 8, 2002).
Data Source, Mental Health Parity, 2002: National Mental Health Association, "What Have States Done to Ensure Insurance Parity?" 2002, available at http://www.nmha.org/state/parity/state_parity.cfm, accessed October 1, 2003.