

Briefing Summary
Rising Mortality Rates in Women in the U.S.
July 15, 2014

On July 15, 2014, Women's Policy, Inc. (WPI) sponsored a briefing on rising mortality rates among women in the United States, in cooperation with Reps. Jaime Herrera Beutler (R-WA) and Donna F. Edwards (D-MD), Co-Chairs of the Congressional Caucus for Women's Issues (the Women's Caucus); Reps. Kristi Noem (R-SD) and Doris O. Matsui (D-CA), Vice-Chairs of the Women's Caucus; and Reps. Jaime Herrera Beutler and Lois Capps (D-CA), Co-Chairs, Women's Health Task Force, the Women's Caucus. This briefing was the fourth in a women's health series sponsored by WPI and underwritten by the Robert Wood Johnson Foundation (RWJF). Approximately 75 guests attended the briefing, including Members of Congress, senior congressional staff, public health leaders, academics, representatives of federal agencies, and health and women's advocacy organizations.

Cindy Hall, president of WPI, welcomed everyone to the briefing and thanked the Women's Caucus and its Women's Health Task Force for cosponsoring the briefing. She also thanked RWJF for its support of the briefing series and its work to improve the health and health care of all Americans. Ms. Hall recognized Kim Elliott, Director of Policy Outreach at RWJF, and Susan Dentzer, Senior Policy Adviser to RWJF, who served as the moderator of the briefing. She also thanked the esteemed panel of speakers: Nora D. Volkow, MD, Director, National Institute on Drug Abuse (NIDA), National Institutes of Health (NIH), and Debbie Chatman Bryant, DNP, RN, Director, Partnerships for HealthCare Quality Research, Medical University of South Carolina (MUSC) and Director, Outreach and Community Relations, Hollings Cancer Center, MUSC. Ms. Hall recognized Dr. Nancy Lee, Deputy Assistant Secretary for Women's Health at HHS, who attended the briefing.

Members of the Women's Caucus

Rep. Doris O. Matsui (D-CA) spoke about a topic of special importance to her – dementia. She described a recent meeting with the Minister of Health in London, which addressed the Prime Minister's challenge to improve research and programs for dementia. Rep. Matsui shared a story with the Minister of Health about a woman she met at a meeting in Sacramento, CA. This woman had struggled through her husband's seven-year battle with Alzheimer's disease. Even after saving responsibly for retirement, the cost of a full-time care facility was out of reach. The physical, financial, and emotional stress that caretaking had taken on this woman was palpable.

Rep. Matsui emphasized the need to address both patient and caregiver issues. In the U.S., many women are caregivers of children and parents as well as their own spouses. Alzheimer's disease is one of the top five leading causes of death for women, and it affects women across the U.S. Last August, Rep. Matsui provided leadership for a bipartisan letter to the National Institute on Aging at NIH asking for more information on research efforts to explore gender-based differences in patients affected by Alzheimer's and other forms of dementia.

Before today's panel, Rep. Matsui looked at her district's health snapshot in the RWJF-funded County Health Rankings and Roadmaps, published by the Population Health Institute at the University of Wisconsin. She was disappointed to see that Sacramento County, one of two counties that make up parts of her district, ranked relatively high in "premature death" – that is, years of life lost before age 75. She noted that while her district does a lot to provide health care to its population, that in order to build a Culture of Health, additional efforts are needed to encourage healthy behaviors, such as smoking cessation and exercise. Finally, Rep. Matsui emphasized that mental health is an integral part of an individual's health. This is deeply personal to the Congresswoman because her sister was diagnosed with schizophrenia many years ago. Recently, Rep. Matsui was successful in securing a demonstration project based on her bipartisan Excellence in Mental Health Act, which was enacted

earlier this year. This demonstration project calls for a billion dollars to be spent for the provision of mental health care. The Congresswoman noted that she wants to do more to ensure that the full range of mental health and substance abuse services are provided to those who need them. She concluded by saying that women need to take care of ourselves and look after each other so that our health becomes a priority.

Congresswoman Lois Capps (D-CA) opened by saying that the topic of rising mortality for women is disconcerting and noted that when she was young, “We vowed to make the world a better place for our daughters. Today, we still have to fight for equal access, equal rights, and even equal health.” The Congresswoman underscored that the U.S. is the only developed nation in the world with a rising maternal mortality rate, which is shocking given all of the resources that are available. Rep. Capps said that she is very proud of the Affordable Care Act (ACA) because of its inclusion of key preventive services in the “essential benefits” of insurance plans, at no cost to patients. This provision of the law represents a major paradigm shift in our health care system, helping us to foster a more holistic Culture of Health that especially stands to benefit women.

Rep. Capps stressed that while screening is available to test for many conditions, patients must have access to a health care professional in order to secure screening, so making sure that access to care is available to newly insured patients across the country remains a critical goal. Knowing about diseases and risk factors provides individuals with the opportunity to notice a problem early and to take action. She emphasized that health care providers require education to spot unique warning signs and women need support because they all too often put their families and jobs ahead of their own health.

Rep. Capps said that additional research is needed to examine how disease is manifested in women and to ensure that treatments work in women. The Congresswoman concluded by saying that with this new holistic approach to health care, we are on track to reverse the trend of declining mortality in women. However, we still have a lot more work to do.

Speakers

Cindy Hall introduced Susan Dentzer, senior policy adviser to RWJF. One of the nation’s most respected thought leaders on health care, Ms. Dentzer is a health care expert featured on the PBS *NewsHour*. From 2008 to 2013, she served as editor-in-chief of *Health Affairs*, the nation’s leading peer reviewed health policy journal.

Ms. Dentzer opened by saying that Americans are at a distinct disadvantage relative to their peers in other high-income countries when it comes to life expectancy and mortality. A study released by the Institute of Medicine (IOM) in January 2013, *US Health in International Perspective: Shorter Lives, Poorer Health*, reported that Americans on average have shorter lives than their peers in other high-income countries. This study also demonstrated that Americans have a longstanding pattern of poorer health than their peers that is strikingly consistent and pervasive over the life course from birth to old age.

To delve more deeply into mortality trends for women and men in the U.S., Ms. Dentzer highlighted findings from a county-based study published in 2013 and conducted by David A. Kindig and Erika R. Cheng, *Even As Mortality Fell in Most US Counties, Female Mortality Nonetheless Rose in 42.8 Percent of Counties from 1992-2006* (*Health Affairs*, March 2013). This study—the first to examine the socioeconomic and behavioral correlates of mortality change at the county level in recent years—compares trends in male and female mortality rates in 3,140 counties from 1992-96 and from 2002-06. The authors’ analysis shows that female mortality rates increased in 42.8 percent of counties during this period, while male mortality rates declined in most counties and increased in only 3.4 percent of counties. The counties with high mortality rates were located in parts of the country commonly thought of as the “stroke belt”—such as Appalachia, Florida, and the Gulf Coast—as well

as areas in the northern Midwest, Northern California, and the Northwest. This study found that counties with lower mortality rates had higher educational levels and lower smoking rates while those with higher mortality rates were characterized by high obesity rates.

Ms. Dentzer underscored that declining mortality for women represents a stunning reversal from the marked improvements in life expectancy that occurred over the 20th century. This trend among women is in all likelihood the result of a “toxic stew” of many factors that include: toxic stress (fallout from adverse childhood events such as sexual abuse); socioeconomic stressors (low-wage jobs, poor economic growth, etc.); high rates of smoking and obesity; poor diet and lack of exercise; chronic illnesses (diabetes, hypertension, and heart disease); injuries, such as falls or car accidents; and prescription drug abuse and overdoses. Ms. Dentzer concluded with several recommendations: 1) more research to fully understand the causes and drivers of increased mortality rates among women, 2) development and testing of new interventions, 3) use of existing and proven interventions (e.g., prevention of obesity and diabetes, and reduction in prescription drug abuse), 4) coordination of health care providers and the public health system, and 5) employment of population health approaches and a stronger focus on the upstream determinants of health (e.g., low incomes) in order to build a Culture of Health.

Ms. Dentzer then introduced the two panelists: Dr. Nora D. Volkow (director of the National Institute of Drug Abuse [NIDA], National Institutes of Health) is one of the nation’s leading experts on substance abuse pertaining to prescription drugs, illegal drugs, alcohol, etc. Deborah Chapman Bryant, DNP, RN (director of Partnerships for HealthCare Quality Research at Medical University of South Carolina (MUSC) and director, Outreach and Community Relations for the Hollings Cancer Center, MUSC), is a former recipient of a fellowship in nursing from RWJF.

Nora D. Volkow

Dr. Volkow thanked RWJF for the opportunity to talk about the role of substance abuse in increasing mortality among women. She noted that the reason people take drugs (e.g., cocaine, opiates, marijuana, nicotine, and alcohol) is that all of these drugs raise dopamine levels, which creates pleasurable sensations in the mind and body. Whether someone takes drugs and becomes addicted stems from the characteristics of the drug, one’s own biology, and the social structure. Dr. Volkow explained that females respond differently to drug intoxication than males do. Hormone levels at menarche and menopause can increase a drug’s reinforcing effects, its concentration in the brain, and its toxic effects. At the same time, women’s higher levels of estrogen during some periods of their lives can provide a protective effect in relation to drugs. Dr. Volkow said that, on average, rates of drug use are higher in men than women, a pattern that has been seen for a long time. The social structure plays a role in substance abuse patterns exposing boys and men to environments where drugs are accessible.

Dr. Volkow underscored that tobacco and alcohol are the two drugs causing the greatest mortality, largely because these drugs are legal and readily available. Tobacco use is the leading preventable cause of death in the United States. According to a CDC Fact Sheet on Tobacco Related Mortality, tobacco use results in 278,544 deaths among men and 201,773 deaths among women annually. Dr. Volkow reported that strong tobacco prevention efforts focused on men have resulted in declining death rates from tobacco among men. Unfortunately, fewer efforts have targeted women with smoking prevention and cessation. Now that we are seeing a narrowing of the differences in smoking patterns between females and males, more smoking prevention and cessation efforts need to aggressively target women.

The fourth leading cause of preventable death in the United States is alcohol, which causes 62,000 deaths among men and 26,000 deaths among women annually. These alcohol-related deaths are the result of acute events (falls, car accidents, and poisoning) as well as chronic disease (liver disease

cirrhosis, and cancer). Dr. Volkow noted that alcohol abuse is a significant problem among elderly women, resulting in a large number of fatal falls. This pattern needs to be understood and prevented.

Dr. Volkow explained that prescription drug misuse and abuse is a major and growing concern in the U.S. Almost one in four persons (23.9 percent) report use of illicit drugs: marijuana is the most commonly used illicit drug (18.9 percent), followed by psychotherapeutics (6.8 percent) (SAMHSA 2012 National Survey on Drug Use and Health). Since 1990, death rates from drug overdoses (prescription opioids, benzodiazepines, antidepressants, cocaine, and heroin) have tripled overall with a five-fold increase in death rates from opioids for women. Among women, overdose deaths from prescription opioids are greatest among those between the ages of 35 and 55.

Dr. Volkow said that women are more likely than men to report chronic pain, to be prescribed prescription painkillers, to be given higher doses, and to use them for longer time periods. Also, women may become dependent on prescription painkillers more quickly than men. Citing a study prepared by the Institute of Medicine, *Relieving Pain in America: A Blueprint for Transforming Prevention, Care, Education and Research*, Dr. Volkow reported that there are more than 100 million people in the U.S. with chronic pain. Women appear to suffer pain in more categories in comparison with men: For example, in 2008, more than twice as many women as men reported severe headaches or migraines (21.9 percent vs. 10.1 percent). Summing up, Dr. Volkow said that research is needed on disparities in the experience of pain among subgroups of Americans. It is especially important to focus research on what makes women particularly vulnerable to pain and the adverse effects of painkillers on women so that women can be treated properly.

Debbie Chapman Bryant

Ms. Bryant explained that her decision to become a health care provider stemmed from growing up in a small rural community in South Carolina where women often put their own health care needs on hold due to limited time, money, and access to health care. As a result, many women succumbed to preventable and manageable diseases. Ms. Bryant described one woman who repeatedly returned to the hospital with complications from diabetes; neither she nor her family understood how to prevent or manage diabetes.

Today, Ms. Bryant directs a mobile screening van and navigation program, which serves as a safety-net system to address cancer disparities among racially diverse and medically underserved populations in South Carolina. This important screening and navigation program provides a continuum of services starting with prevention and early detection of cancer, and including diagnosis and treatment. The program utilizes highly trained “lay” navigators who are experienced with local ethnic and rural cultures, as well as low health literacy among clients. These navigators help clients overcome the contextual and systemic barriers to health care. Ninety-two percent of the clients in this mobile screening and navigation program are women, 57 percent are African American, and five percent are Hispanic. Almost one in five (19 percent) clients report having less than a high school degree, and 60 percent report having inadequate health insurance. In addition, 80 percent of the clients report that they would not have sought cancer screening services in the absence of the services provided through the mobile van.

Ms. Bryant described several women served by her program. One 35 year old, uninsured African American woman was six months pregnant with her fifth child at the time of her breast cancer diagnosis through the screening and navigation program. Unfortunately, cancer treatment was delayed because the pregnancy-related Medicaid coverage provided to this woman did not cover other medical conditions and the required documentation for a separate new Medicaid application process was not readily available. Although the navigation team assisted this woman through the birth of her new baby and cancer treatment, the cancer was aggressive and she passed away.

Ms. Bryant described another woman who experienced a more positive outcome. This uninsured, 46 year old machine operator, who had gone without a mammogram for many years, received a screening mammogram from the mobile van that proved to be abnormal. A navigator with the program helped this woman through the biopsy and successful surgery to remove the cancer while in its early stage. This navigator offered emotional support and guided the client through the complex health care system—helping her complete financial paperwork, arrange reliable transportation, schedule appointments, and communicate with her primary provider. Because she returned each year for the recommended follow-up care, a recurrence of cancer was caught early. This woman was able to receive the necessary treatment and enroll in a clinical trial.

Ms. Bryant emphasized that data demonstrates the importance of the navigation program, showing a decrease in the proportion of at-risk patients who do not return for care following an abnormal mammogram from 11 percent in 2009 to fewer than five percent since 2010. This shows that, despite the many factors behind women's mortality (e.g., stress, poverty, fear, and a complex health care environment), results can improve when adequate infrastructures are designed and put into place to addresses the unique situations and challenges faced by women.

Discussion

Susan Dentzer summarized some of the primary points made by Dr. Volkow and Ms. Bryant. Dr. Volkow emphasized the need to consider how biology, social structure, and gender affect drug and substance abuse, as well as women's vulnerability to chronic pain and opiate addiction. Ms. Bryant described a key public health crisis of our time, which manifests in poor health for so many disadvantaged women with inadequate health insurance. After Ms. Dentzer posed a question about next steps to both panelists, Dr. Volkow pointed to the importance of evidence-based interventions to prevent a range of medical conditions and Ms. Bryant called for policies to expand the health care workforce in order to address health literacy and health care navigation.

Questions and discussion focused on the possible role of teen pregnancy in predisposing women to higher mortality, the adverse effects of smoking on fetuses and newborns, and the provision in the Affordable Care Act that allows all pregnant women covered by Medicaid to access free smoking cessation without cost sharing. Discussion also focused on the role of mental health problems in rising mortality among women, including the role of depression during pregnancy and postpartum.

Ms. Dentzer concluded the briefing by thanking the panelists, Cindy Hall at WPI, members of Congress, and the attendees. She said that we need to ask ourselves how such a great country can sit by and allow so many women to have so many health problems. She said that we truly need a culture of health, for both genders, and particularly for women—and pointed to hopeful signs showing that there is much that can be done to improve women's health.

The webcast of the briefing can be viewed by clicking this [link](#).