


HealthLeaders^{Media} FACT FILE

MARCH 2009

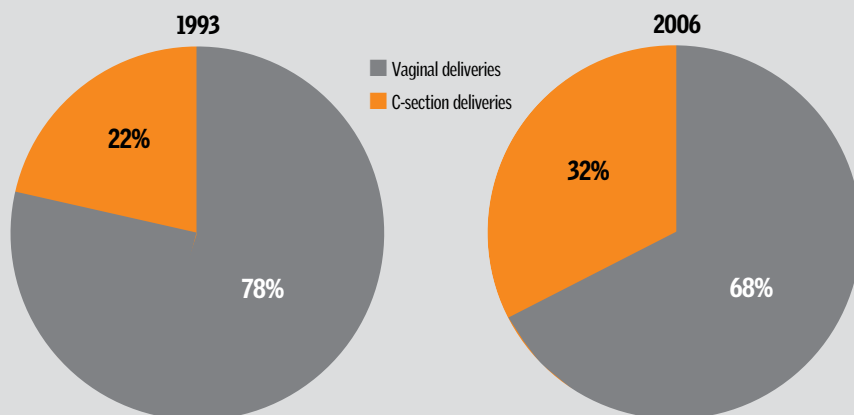
Women's Health

Many hospital leaders developing their service lines used to think of women's health, for the most part, as obstetrics. But not anymore. Obstetrics may still be the centerpiece of many women's health programs, but addressing women's unique needs now encompasses everything from cardiovascular care to orthopedics to wellness. Many

provider organizations are gearing their facilities more toward a female patient base, but one report shows hospitals and other organizations may still have some work to do to build patient loyalty among women; in every age group but 75 and over, men were more satisfied with their access to necessary care than women. 

DELIVERY METHODS

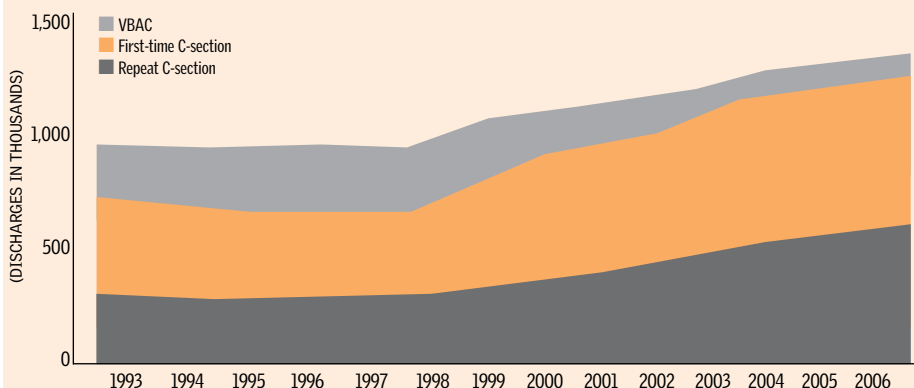
In 2006, there were 4.3 million maternal stays that resulted in a delivery. Vaginal births accounted for the majority of these stays (68%), but this marked a significant decline since 1993.



SOURCE: U.S. Department of Health and Human Services, Agency for Healthcare Research and Quality, *HCUP Facts and Figures, 2006*, with support from Thomson Reuters

MORE C-SECTIONS

Both first-time C-sections and repeat C-sections grew rapidly—by 55% and 98%, respectively—between 1998 and 2006. During the same period, the number of vaginal births after C-section (VBAC) decreased by 60%, from 156,000 to 62,000 cases.



SOURCE: U.S. Department of Health and Human Services, Agency for Healthcare Research and Quality, *HCUP Facts and Figures, 2006*, with support from Thomson Reuters

UNDER PRESSURE

Mississippi has the highest percentage of women who report they have ever been told by a physician that they have high blood pressure. Utah has the lowest percentage.

1. Mississippi	34.6%
2. Alabama	33.3%
3. Louisiana	32.4%
4. Tennessee	32.0%
5. West Virginia	31.6%
6. Oklahoma	30.5%
7. Georgia	30.5%
8. Arkansas	30.3%
9. South Carolina	30.3%
10. North Carolina	29.5%
11. Kentucky	29.3%
12. Missouri	29.1%
13. Maryland	28.8%
14. District of Columbia	28.7%
15. New Jersey	28.2%
16. Ohio	28.1%
17. Texas	27.9%
18. Indiana	27.8%
19. Hawaii	27.6%
20. Florida	27.6%
21. Delaware	27.5%
22. Rhode Island	27.5%
23. Illinois	27.3%
24. Pennsylvania	27.3%
25. Michigan	26.7%
26. Maine	26.4%
27. Virginia	26.1%
28. New York	26.1%
29. Nebraska	26.0%
30. Iowa	25.9%
31. North Dakota	25.9%
32. Idaho	25.8%
33. Kansas	25.5%
34. Massachusetts	25.5%
35. Nevada	25.3%
36. Oregon	25.2%
37. Wisconsin	25.2%
38. Connecticut	25.2%
39. California	25.1%
40. New Mexico	24.9%
41. Montana	24.8%
42. New Hampshire	24.8%
43. Wyoming	24.7%
44. Washington	24.5%
45. South Dakota	24.5%
46. Arizona	23.6%
47. Vermont	22.6%
48. Alaska	21.9%
49. Minnesota	21.3%
50. Colorado	20.0%
51. Utah	19.1%

SOURCE: Kaiser Family Foundation, www.statehealthfacts.org

Upcoming Topic:
» Cost-reduction strategies

FACT FILE PARTNER:



THOMSON REUTERS

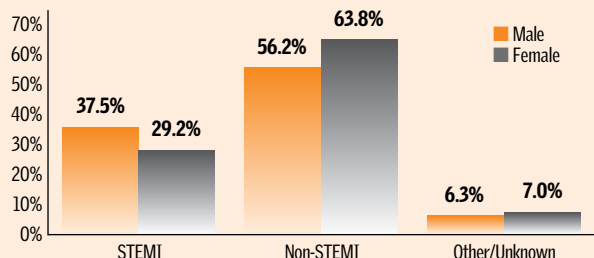
thomsonreuters.com/healthcare



WOMEN AND CARDIOVASCULAR DISEASE

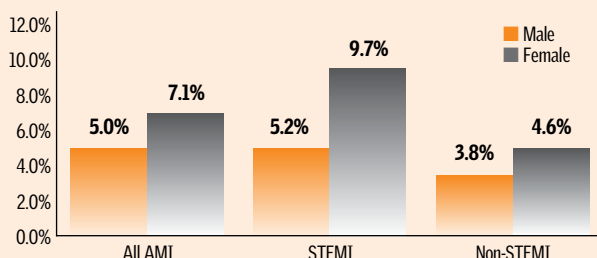
Dealing with AMIs

Heart disease is the No. 1 cause of death in U.S. women, with many deaths attributed to acute myocardial infarction. AMIs are divided into two categories: ST segment elevation myocardial infarction (STEMI) and non-STEMI. STEMI is more serious and associated with complete blockage of an artery rather than a partial blockage. Of the total number of AMI patients, women are less likely than men to have a STEMI (29.2% to 37.5%).



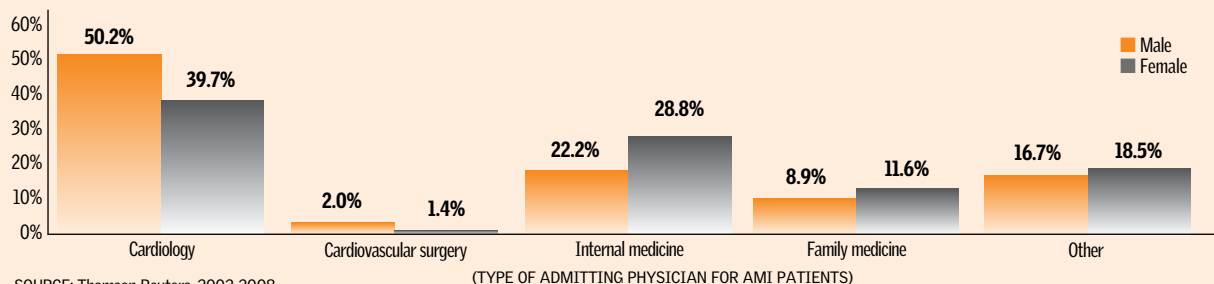
Mortality rates

Women are less likely to have a STEMI, but they are more likely than men to die from it. Women are also more likely to die from all types of AMI than men—more than 7% of women die from an AMI compared to 5% of men.



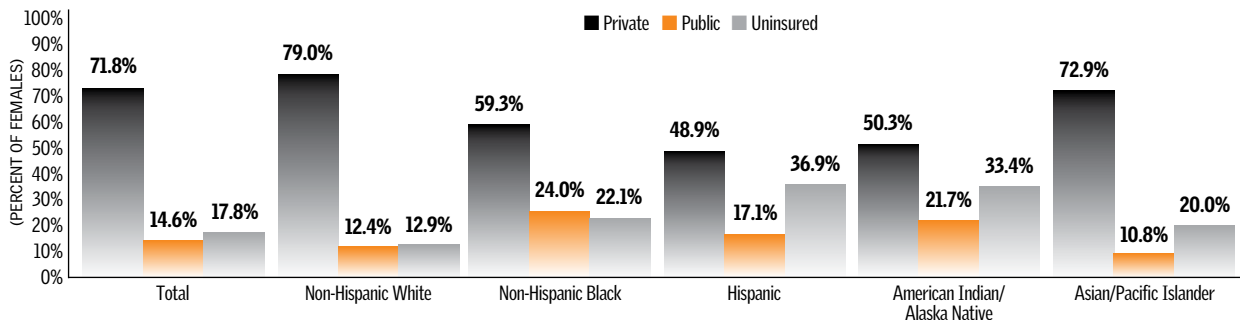
Admitting physicians

Women are less likely to be admitted for an AMI by a cardiologist, but more likely to be admitted by an internist or a family practitioner. Compared to men who are admitted for an AMI, women who are admitted for an AMI tend to be older (73 years old compared to 65 years old); more likely to be diabetic (33.6% compared to 29%); and less likely to have had a previous AMI (7.5% compared to 9.6%).



WHO PAYS?

This chart shows the type of health insurance coverage for women ages 18-64. The totals for each race/ethnicity may equal more than 100% because some respondents reported more than one type of coverage.



GETTING THE CARE THEY NEED

Women are slightly less satisfied with their access to necessary care than men, according to one study. The satisfaction levels are based on responses to questions about receiving regular physician visits, receiving necessary tests, and delays stemming from health plan approvals.

