

Wisconsin Women's Health Policy Agenda

Working together to raise the status of women's health.

Every woman.

Every age.

Every stage.



Preface

This document is a compilation of women's voices from throughout Wisconsin. These voices were brought together at the 2010 Wisconsin Women's Health Policy Summit in Madison. As a collective, these individuals developed policy priorities to ensure all women and their families in our state are able to reach their optimal health and well-being.

ACKNOWLEDGEMENTS: The Wisconsin Alliance for Women's Health is proud to have led this effort and to have partnered with a broad and diverse group of women's health organizations and advocates. A special thanks to Hannah Cutts, Laura Grogran, Amy Olejniczak, and Anna Schettle for conducting the research, compiling the data and designing this Wisconsin Women's Health Policy Agenda. We would also like to thank the following individuals and organizations who helped make the first Wisconsin Women's Health Policy Summit and the Wisconsin Women's Health Policy Agenda possible:

<i>9 to 5</i>	<i>March of Dimes</i>	<i>Wisconsin Cancer Council</i>
<i>ABCs For Healthy Families</i>	<i>Marshfield Clinic</i>	<i>Wisconsin Coalition Against Domestic Violence (WCADV)</i>
<i>American Association of Retired Persons – WI (AARP)</i>	<i>Meriter</i>	<i>Wisconsin Coalition Against Sexual Assault (WCASA)</i>
<i>American Cancer Society</i>	<i>Milwaukee LGBT Center</i>	<i>Wisconsin Community Action Program Association</i>
<i>American College of Nurse Midwives – WI (ACNM)</i>	<i>Milwaukee Muslim Women's Coalition</i>	<i>Wisconsin Department of Veteran Affairs</i>
<i>American Heart Association</i>	<i>Mother's Milk Association of Wisconsin</i>	<i>Wisconsin Family Planning & Reproductive Health Association (WFPHRA)</i>
<i>Astrazeneca</i>	<i>Mount Mary Women's Leadership Institute</i>	<i>Wisconsin Guild of Midwives</i>
<i>Breast Cancer Recovery Foundation</i>	<i>NARAL Pro-Choice Wisconsin</i>	<i>Wisconsin League of Conservation Voters</i>
<i>Business & Professional Women (BPW) - WI Women's Alliance</i>	<i>National Council on Jewish Women - Milwaukee Chapter</i>	<i>Wisconsin Literacy</i>
<i>Children Health Alliance of Wisconsin</i>	<i>National Women's Law Center</i>	<i>Wisconsin Medical Society</i>
<i>Coalition of Wisconsin Aging Groups (CWAG)</i>	<i>Navitus Health</i>	<i>Wisconsin NOW (National Organization for Women)</i>
<i>Covering Kids & Families</i>	<i>Planned Parenthood of WI</i>	<i>Wisconsin Prevention Network</i>
<i>Cullari Communications Group</i>	<i>Preeclampsia Foundation</i>	<i>Wisconsin Primary Health Care Association (WPHCA)</i>
<i>Delta Sigma Theta</i>	<i>Raising Women's Voices</i>	<i>Wisconsin Religious Coalition for Reproductive Choice</i>
<i>Democratic Party of Wisconsin</i>	<i>Reproductive Justice Collective</i>	<i>Wisconsin State Lab of Hygiene</i>
<i>Disability Rights Wisconsin</i>	<i>Teipner Treatment Homes, Inc.</i>	<i>Wisconsin United for Mental Health</i>
<i>Diverse and Resilient</i>	<i>Teva's Women's Health</i>	<i>Wisconsin Well Woman Program</i>
<i>First Children's Finance</i>	<i>University Health Services, University of Wisconsin-Madison</i>	<i>Wisconsin Women Equal Prosperity</i>
<i>Gilda's Club Madison</i>	<i>UW Health</i>	<i>Wisconsin Women's Council</i>
<i>Group Health Cooperative</i>	<i>Village Health Project</i>	<i>Wisconsin Women's Health Foundation (WWHF)</i>
<i>Hmong American Women's Association</i>	<i>Wellness Center for Door County</i>	<i>Wisconsin Women's Network (WWN)</i>
<i>Independence First</i>	<i>Wisconsin Association for Perinatal Care</i>	<i>Wise Women Gathering Place</i>
<i>Infant Death Center of Wisconsin</i>	<i>Wisconsin Breast Cancer Coalition</i>	
<i>Managed Health Services</i>		

Please contact the Wisconsin Alliance for Women's Health (WAWH) with any questions, comments or suggestions regarding the Wisconsin Women's Health Policy Agenda: WAWH | PO Box 1726 | (608) 251-0139 | info@wiawh.org

Introduction

On May 12th, 2010, 300 women’s health supporters attended the first ever Wisconsin Women’s Health Policy Summit in our state’s capitol.

Representatives from many different sectors of the women’s health community—alcohol and other drug addiction, cancer, chronic disease, economic security, environmental health, LGBTQ health, maternal, child and reproductive health, mental health, violence against women—came together to discuss what we as a collective women’s health community could do to raise the status of women’s health in Wisconsin.

Discussions throughout the day made it clear that all women’s health issues are connected, that well-being throughout the life-cycle must be considered, and that there is great work to be done to raise the status of women’s health. Attendees identified the challenges Wisconsin women face when it comes to securing their health and well-being. As medical providers, survivors, advocates and individuals, we acknowledged our state’s disparities and brainstormed over 100 ideas for overcoming barriers to achieving health. By the end of the Summit, Wisconsin’s collective women’s health community made a commitment to work together and to establish the first Wisconsin Women’s Health Policy Agenda.

During the following months, focus discussions were held around each sector of the health community and the original 100 ideas were narrowed down to 25 priorities. Finally, a survey was distributed to Summit attendees, focus discussion participants, sponsors, and other key stakeholders. The results of this survey helped determine the top 5 priorities represented in this agenda.

In this agenda, we address specific policies and programs that have a direct impact on Wisconsin women’s health. While our short list of policy and budget recommendations is by no means inclusive of all women’s health issues, it is a compilation of changes and priorities that our collective women’s health community sees as vitally important to affecting change.

This document is intended to be used as a “road map” to help allies, policy makers and advocates reach a common destination and vision—raising the status of all Wisconsin women’s health! We hope this agenda will cultivate more important conversations about these and other important women’s health policy issues, and we invite our state policy leaders to contact us for additional information and insight.

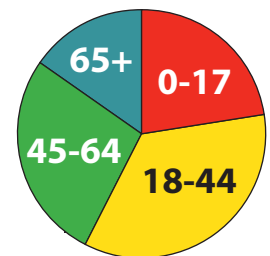
Wisconsin Women

It is important to understand the current make up of women in our state in order to realize policies that raise the status of women's health.

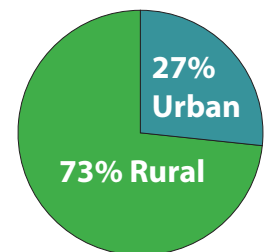
A woman's access to quality health care is a function of many factors including where she lives, her race and ethnicity, her age, her family income and her citizenship status. In addition, women who are poor, disabled women, those who live in rural areas, immigrant women, elderly women, and women who identify as lesbian, gay, bisexual, transgender or queer (LGBTQ) face particularly severe obstacles in obtaining medical care. To set the stage for policy support, below is a brief snapshot of the current status of Wisconsin women.

Age Women of childbearing age make up the largest group in Wisconsin. Due to family planning, pregnancy and preventive care, this population requires regular attention, yet nearly 12% are uninsured. In addition, 11% of all Wisconsin women had no doctor visits in the last year due to cost, 12.6% did not receive a pap test in the last three years and 23.7% of between the ages of 40 and 64 did not receive a mammogram in the past two years.

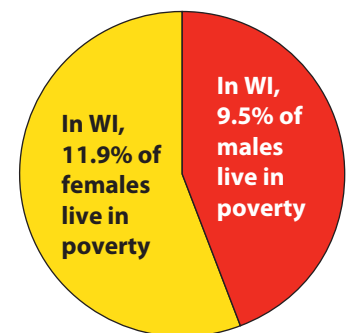
Age Group	Females
0-17	646,529
18-44	1,001,104
45-64	775,134
65+	436,477
Total	2,859,244



Geography Seventy-three percent of women in Wisconsin live in rural areas. These women face a number of obstacles in receiving quality care including poor transportation, an inability to schedule appointments quickly or during convenient hours, and scarcity of primary care providers, specialists and diagnostic facilities. In addition, Wisconsin ranks 40th in the nation for women without access to abortion providers.



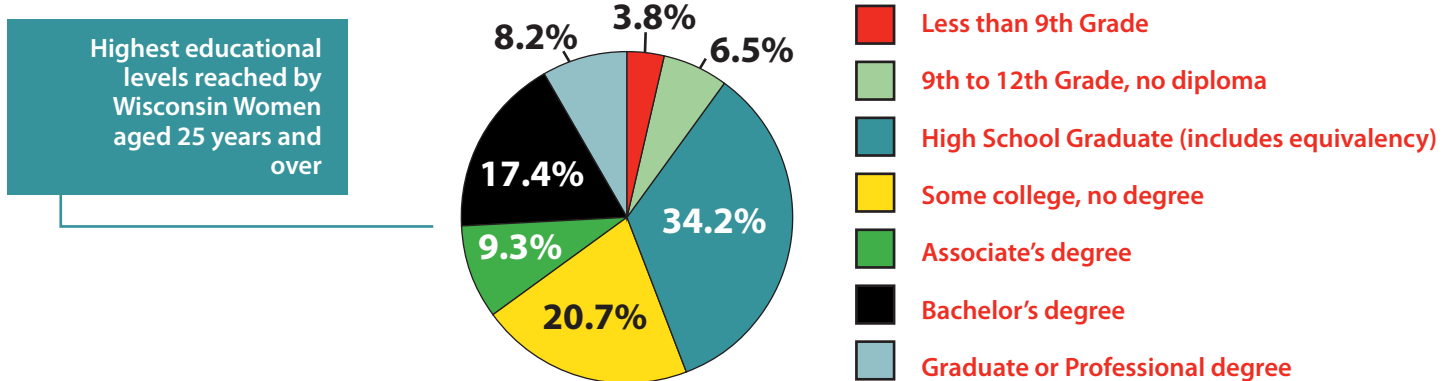
Economics Women living in poverty have more chronic illnesses, more frequent and severe disease complications and make greater demands on the health care system. Those without health care coverage are less likely to access care, purchase medication, and take other needed preventive measures. Instead, they are often found in emergency departments, where critical care is significantly more costly than preventive care and coverage. In addition, the number of children living in poverty is highly correlated with the number of women who live in poverty.



	White	Black	Hispanic/Latino Origins	Asian/Pacific Islander	American Indian	Total
Women Without Health Insurance	8.7%	20.2%	25.8%	11.2%	34.0%	19.9%
Women Living in Poverty	8.3%	28.5%	24.6%	19.9%	17.2%	9.9%

Source for all statistics provided on pages 4 & 5: hrc.nwlc.org/states/wisconsin, www.statehealthfacts.org and www.dhs.wisconsin.gov/population.

Education The magnitude of the relationship between education and health is large. Better educated women are less likely to die from acute and chronic diseases and are less likely to report anxiety or depression. They are less likely to smoke, to drink a lot, to be overweight or obese, or to use illegal drugs. In addition, education level of a mother is the number one predictor for a child’s success in life.



Race The disparities between white women and other racial and ethnic groups in Wisconsin indicate a failure to deliver adequate care. For example, in a 2006-2008 Wisconsin report, an infant born to an African American woman was 2.8 times more likely to die before reaching its first birthday than an infant born to a white woman. Wisconsin minorities also experience disproportionately high rates of poverty, low indicators of health, and unacceptable barriers to accessing care. These disparities render inaccurate many statistics that look at Wisconsin women as a whole.

		% Poor or Fair Health Status	% Obesity	% Smoking	Cancer Mortality /100,000	New AIDS Cases /100,000
White	241,722	8.0	21.0	22.7	156.3	.4
Black	182,186	23.8	44.1	28.1	197.4	17.7
Hispanic or Latino Origins	139,979	13.7	30.7	27.8	59.1	4.0
Asian/Pacific Islander	64,745	--	--	--	100.4	0
American Indian	27,026	31.2	39.3	48.4	172.4	0
Total	2,845,708	9.2	22.3	23.3	157.5	1.5

Status of Women’s Health Today... When it comes to Women’s Health, Wisconsin Gets a FAILING Grade

In the 2010 “Making the Grade on Women’s Health” report by the National Women’s Law Center, Wisconsin received an “unsatisfactory” score because, despite the state’s recent advances in many health arenas, improvement is highly unequal and still absent for many Wisconsin women. Wisconsin ranks very poorly for obesity, smoking and poor nutrition. Specific groups continue to meet barriers to health and experience a disproportionate number of health risk factors. Many women in Wisconsin also face barriers to quality care due to rural or inner city locations, cultural or language differences, impaired mobility, disparities in health literacy and discrimination on the basis of sexual orientation, among other factors. This is unacceptable. Wisconsin policies must strive to meet the needs of all women, in every community throughout all 72 counties. Policies must recognize that a women’s health movement cannot be a “one-size-fits-all” effort and appreciate the unique challenges and circumstances each Wisconsin woman faces day to day. We must work to achieve a level of health equity, enabling everyone to access, afford and receive quality health care. Only then will we succeed in claiming an improved status of women’s health throughout Wisconsin communities. To learn more about the current status of women’s health in Wisconsin, visit hrc.nwlc.org/states/wisconsin.

We Believe...

Vision Statement: We envision an environment in which all Wisconsin women at every age and every stage of their life can realize their optimal health and well being.

Principles/ Values:

While we put forth specific policy suggestions in this agenda, we recognize that there are many issues that affect Wisconsin women. Therefore, it is essential to keep in mind that we as a collective women's health community hold the following principles/values:

Social Justice

All Wisconsin women will live in an environment in which they can realize and obtain their optimal health and well being--a basic human right.

Health Care Equity

All Wisconsin women will be guaranteed equal treatment, education and services, regardless of any social advantages or disadvantages.

Pay Equity/ Economic Security

All Wisconsin women will be fairly compensated for their work in comparison to their male counterparts. This will ensure the opportunity to access the same health resources without creating a financial burden.

Health Care Education

All Wisconsin women will have access to the knowledge necessary to make informed health care decisions.

Safety

In achieving safety, all Wisconsin women will obtain a higher quality of life as they are able to participate more fully within society, while maintaining a healthy and normal life.

Self Empowerment

All Wisconsin women will use their own skills and knowledge to overcome obstacles and improve their well-being.

Respect for Others & Tolerance

All Wisconsin women will be respected for their differences and treated as equals.

Personal Responsibility

All Wisconsin women will be empowered to advocate for their own healthy outcomes

Quality Care

All Wisconsin women will have good health outcomes through a state-led commitment to high quality health care provision.

Affordability

All Wisconsin women will have access to the resources they need to improve their well-being.

Life Course Emphasis

All Wisconsin women will be granted healthy resources early in their lives. This will positively affect their health and well-being later on.

Top Policy Recommendations Summary



We call on state policy makers during the 2011-2013 Wisconsin legislative session to help improve the status of women's health in our state. The ability of Wisconsin women to lead fulfilling lives and participate fully in society depends in large part on their health. Improving the status of all women's health will not only improve the lives of Wisconsin women, but will also contribute to healthy families, healthy communities and a healthy economy.

We as a collective women's health community call on you to take action on and support the following women's health policy priorities in the 2011 – 2013 Wisconsin legislative session:

- 1) Maintain and support state budget programs proven to be vital for Wisconsin women and families**
- 2) Move forward with implementing meaningful health insurance reform**
- 3) Enact pay equity in Wisconsin**
- 4) Implement a statewide paid sick leave policy**
- 5) Provide dental coverage for pregnant women in Wisconsin**
- 6) Support Farm to School programs which bring nutritional foods to local schools**



Wisconsin Women's Health Policy Recommendation #1:

Maintain and support state budget programs vital to Wisconsin women and families

WHAT: We as a collective women's health community urge our state policy makers to prioritize and maintain the following state funded programs that Wisconsin women rely on to achieve their optimal health and well-being.

WHY: We are keenly aware of the very difficult budget situation our state is in. While we recognize many interests will be competing for scarce resources and funding, we are adamant that it would be a devastating economic decision to undermine the programs that help keep women and families—and therefore our workforce and communities – healthy. The following list contains some of the most effective and cost-efficient programs that work to maintain and improve the health of our communities.

BadgerCare BadgerCare is Wisconsin's award-winning Medicaid program that provides basic health care coverage to more than 750,000 working men and women—and their children—from across the state who do not have access to employer sponsored insurance. Established in 1997 as a bipartisan effort to encourage work and improve health care in Wisconsin, BadgerCare has proven to be a highly effective and cost-efficient program, successful in both rural and urban communities, in good economies and bad. The BadgerCare program remains a smart long-term investment because when working families do not have access to health coverage, most of their health care costs get shifted as so-called "uncompensated care" to other consumers, especially employers. For more information, visit www.dhs.wisconsin.gov/badgercareplus/

What's at Stake...

According to the December 2010 BadgerCare+ State Report

- 775,658 Wisconsin working men, women and families rely on BadgerCare for basic healthcare services
- 457,827 children have access to preventative and life-saving medical treatments thanks to BadgerCare
- 18,818 pregnant women have access to health insurance because of BadgerCare
- More than 80,000 childless adults are currently on a waiting list for the BadgerCare Core Plan
- BadgerCare brings in hundreds of millions of federal dollars into the state's economy

Wisconsin Well Woman Program The Wisconsin Well Woman Program (WWWP) was established in 1993 as a state component of the Centers for Disease Control and Prevention's (CDC) National Breast and Cervical Cancer Early Detection Program. The program's primary goal is to reduce mortality from breast and cervical cancers by increasing the number of low-income women who are routinely screened, and by improving the quality of screening, referral and follow-up. The primary population targeted by WWWP is women ages 45-64 with a household income at or below 250% of the federal poverty level who are uninsured or underinsured. WWWP pays for mammograms, Pap tests and certain diagnostic procedures. WWWP has been providing breast and cervical cancer screening services since June 1, 1994. To date, more than 62,000 Wisconsin women have received screening services. In addition, WWWP also covers testing for multiple sclerosis (MS). For more information, visit www.dhs.wisconsin.gov/womenshealth/wwwp/

What's at Stake...

- Due to already inadequate funding, WWWP currently serves fewer than 1 in 5 eligible women.
- 20% percent of Wisconsin women aged 40 and older did not have a mammogram within the past two years¹
- 770 Wisconsin women died from breast cancer in 2004²

Maintain and support state budget programs vital to Wisconsin women and families

Sexual Assault & Domestic Violence Programs One in three women will be raped, beaten, coerced into sex or otherwise abused in their lifetime³. To reverse both sexual assault and domestic violence statistics in Wisconsin, funding is needed to improve and expand intervention and prevention strategies. State funding has also never kept pace with growing demand. Once adjusted for inflation, domestic violence programs now receive 5% less funding than at the turn of the last decade, even though they now serve 25% more individuals. Shelters are full, advocacy services are stretched beyond capacity and programs in rural communities can barely survive under current budgetary constraints.

A leading intervention strategy is the Sexual Assault Nurse Examiner (SANE) Program. A SANE is a registered nurse with advanced education and clinical preparation in forensic examination of sexual assault victims. Only 32 out of the 72 counties in Wisconsin currently have SANE programs. Funding should be directed to programs like these that are proven to expand intervention and prevention services. Funding for the Department of Justice crime victim services must be maintained as well. For more information, visit: www.wcasa.org and www.wcadv.org

What's at Stake...

- During the last reporting period (Oct 08–Sept 09), 40,822 women, children and men received lifesaving assistance, and over 135,000 hotline calls were answered⁴
- More than 75% of Americans believe the poor economy has made life more difficult for victims of abuse⁵
- Health related costs of abuse exceed \$5.8 billion annually, \$4.1 billion of which is for direct medical and mental health services⁶
- In 1996, when considering factors such as medical costs, lost earnings, suffering and quality of life, the cost for victims of violence was estimated at \$450 billion⁷

First Breath Program The First Breath Program helps pregnant women ages 14 to 48 in Wisconsin quit smoking by integrating cessation strategies into existing prenatal care models, including public health services and private healthcare clinic appointments. Maternal smoking can lead to low birth weight, stillbirth, preterm delivery or sudden infant death syndrome, all of which have significant emotional and financial costs that can easily be prevented. Wisconsin's maternal smoking rate of 15% is slightly higher than the national average of 10%⁸. In addition, glaring disparities in populations of women who smoke during pregnancy demonstrate that more support for intervention programs is needed in order to reach significant segments of Wisconsin residents. These programs must be able to reach poorer women who live in communities with fewer physicians and clinics and lower rates of insurance. To learn more, visit: www.wwhf.org

What's at Stake...

According to the First Breath Program⁹

- Smoking during pregnancy affects 9,834 births each year in Wisconsin
- 3,400 women have already quit smoking through the First Breath program
- First Breath has generated a cost-savings of over \$3 million in neonatal costs to the Medicaid program alone

Maintain and support state budget programs vital to Wisconsin women and families

Cancer Control Program & Cancer Reporting System In Wisconsin, cancer is second only to heart disease as the leading cause of death¹⁰. Wisconsin has been actively engaged in cancer control planning and program development for 30 years. The Wisconsin State Legislature established the Wisconsin Cancer Reporting System (WCRS) in 1976 as the state's only population-based data collection and maintenance system for cancer. WCRS is a registry guided by a mandate to collect, manage, and analyze cancer data among Wisconsin residents. In 2005, the Wisconsin Comprehensive Cancer Control Program (WI CCC Program) was created through a unique partnership model between the UW Comprehensive Cancer Center and the Wisconsin Division of Public Health. The goal of the program is to reduce the burden of cancer for all in Wisconsin by working collaboratively and comprehensively throughout the cancer care continuum. For more information, visit www.wicancer.org and www.dhs.wisconsin.gov/wcrs/.

What's at Stake...

- An average of 10,841 cancer-related deaths each year in Wisconsin¹¹
- The leading causes of cancer deaths among women are lung, stomach, colorectal and cervical¹²
- The Comprehensive Cancer Control Plan brought together over 200 statewide partners to create a strategic plan that addresses the continuum of cancer control in Wisconsin

Family Planning Funding Title V, the federal Maternal and Child Health Services Grant, is the only funding source in Wisconsin devoted to improving the health of all women, children and families. Title V provides funding to state maternal and child health programs, which serve nearly 150,000 Wisconsin women and children. A significant portion of Wisconsin's Title V program funds the state's statutorily required family planning system which includes women's reproductive health services and adolescent pregnancy prevention. Basic reproductive health care

What's at Stake...

- 147,413 total individuals are served annually by the Title V program in Wisconsin¹³
- Approximately 11,000 teens in Wisconsin will become pregnant each year, and over 80% of these pregnancies will be unintended¹⁴
- A 2008 report released by the Wisconsin Division of Public Health found that 45% of Wisconsin high school teens self-report they are currently sexually active¹⁵

and education services are provided through state partners including local public health departments and community-based health organizations. Activities to promote women's health and wellness and healthy spacing and preparation for a healthy pregnancy are priorities coordinated with prenatal care services and family planning providers. Increased access into services is an overarching goal. For more information, visit: www.hhs.gov/opa/familyplanning/

2 Move Forward with Meaningful Health Insurance Reform

WHAT: We as a collective women's health community support the Affordable Care Act and encourage policy makers to move forward with implementation, rather than eliminate access and affordability by taking away health insurance reform.

WHY: Women face unique challenges under the current health care system—they pay more out of pocket for health care services, are more likely to be dependent on spouses for coverage, have been denied coverage because of pre-existing conditions and have long had to fight for equity in coverage care plans. In March of 2010, when the Affordable Care Act was signed into law, women immediately had access to new opportunities for affordable and quality care. Repealing these reforms would eliminate access to women's basic health care services in many areas.

Current federal law benefits Wisconsin Women by:

- **Prohibiting Sex Discrimination in Health Care**
 - » Insurance companies can no longer discriminate on the basis of sex, race, national origin, age or disability
- **Ending Harmful Insurance Industry Practices**
 - » Bans gender rating so Wisconsin women can no longer be charged higher prices for coverage
 - » Bans lifetime & annual limits which provide security knowing that benefits won't run out when women need them the most
- **Increasing the Affordability of Insurance**
 - » 45,700 uninsured, low-income Wisconsin women will be eligible for expanded Medicaid
 - » 135,000 Wisconsin women will receive subsidies to help pay premiums and out-of-pocket costs
- **Ensuring Benefit Plans Cover Basic Women's Health Services**
 - » Plans are required to cover key preventive services at no cost

Current federal law has made insurance coverage more affordable for working Wisconsin women and ended the most heinous insurance industry abuses. Our state leaders should not be focusing on taking away these critical gains by turning back the clock on effective health care reform, which has already created a significant impact on Wisconsin women and families.

Instead, state legislative leaders must move forward with health care reform implementation and start developing the health insurance exchange that will expand and enhance coverage and affordability options in the private market for uninsured Wisconsin residents and small businesses. Consumer voices—especially women, who are often the medical decision makers and coordinators of their families—need to be included in the conversation on how implementation of health care reform will work in Wisconsin.

Success Stories...

To learn more and to learn of successes from the Affordable Care Act, visit:

- National Women's Law Center Reform Matters project : www.nwlc.org
- Raising Women's Voices: www.raisingwomensvoices.net

Wisconsin Women's Health Policy Recommendation #3:

3 Comprehensive and Preventive Equal Pay State Law

WHAT: We as a collective women's health community support a comprehensive and preventive state equal pay law to end wage discrimination in Wisconsin.

WHY: According to the Women's Council of Wisconsin, Wisconsin has the fifth highest number of women in the workforce percentage-wise. Yet Wisconsin ranks among the bottom ten states when looking at the ratio of women's to men's earnings in full-time, year round work, recently falling to 45th in the nation from 39th. Wisconsin is one of only 11 states that has no specific pay equity law. According to the Center for American Progress, lifetime career wage gap between men and women in Wisconsin is \$438,000. The salary women are paid affects the types of health care services they are able to have access to. Women are more likely than men to need and use health care, but also face more problems in obtaining and purchasing care. In addition, women of color in Wisconsin fare much worse in terms of employment and earnings than white women.

According to the Alliance for Women:

- African American women earn on average 61 cents for every dollar earned by a white man.
- Latinas earn on average 52 cents for every dollar earned by a white man.
- Women MBAs on average are paid \$4,600 less in their first job than men.
- A female education major one year out of undergrad earns 5% less than her similarly experienced male counterpart.
- Women in the Life Sciences earned from \$6,000 to \$15,000 less per year than men of similar levels of accomplishment in academic medicine.
- Women with children earn about 2.5% less than women without children, while men with children enjoy an earnings boost of 2.1%, compared to men without children.
- Retired women endure a gap in retirement income that is about \$8,000 annually. Two-thirds of this disparity can be attributed to the pay gap and occupational segregation.

Since most families depend on women's wages, eliminating wage discrimination is also critical for middle class economic security. During these difficult economic times, families cannot afford to lose part of a paycheck to discrimination.

Success Stories...

- Twelve states require equal wages for "comparable work": Arkansas, Idaho, Kentucky, Maine, Maryland, Massachusetts, North Dakota, Oklahoma, Oregon, South Dakota, Tennessee, and West Virginia.
- Three more states require equal wages for "similar" work: Illinois, Michigan, and Washington
- Three states make violations of equal pay a criminal misdemeanor: Michigan, Montana and Washington. In Michigan and Washington, in addition to the criminal violation, women can bring a civil action.

To learn more about how comprehensive and preventive equal pay laws benefit women and girls, visit:

- The Alliance for Women: www.allianceforwomen.net

4 Implement a Statewide Paid Sick Leave Policy

WHAT: We as a collective women's health community support the implementation of a statewide paid sick leave policy to improve job security and flexibility for Wisconsin women.

WHY: Women are more likely to have major interruptions in their work history due to family obligations – a major contributor that promotes the wage gap in Wisconsin. Some women choose to leave the workforce to parent or become a caregiver for a sick relative, but too many are forced to leave because they do not have the right to take time off from work for family responsibilities without the threat of losing their family supporting job.

What's at Stake

- One in three working women report that they provide care for an elderly relative, for persons with disabilities or for special needs children.¹⁶
- Half of employed mothers miss work when their child gets sick. Of these women, 50% do not get paid when they take this time off.¹⁷
- More than a third (37%) of working women in businesses with 15 or more employees are unable to take a paid sick day when they or family members are ill.¹⁸
- Two-thirds of low-wage workers—the majority of whom are women—do not have paid sick time.¹⁸
- The industries that are often women-dominated are among the least likely to offer paid sick days.¹⁸
- One in eight women (13%) and one in five women with children (20%) reported that they or a family member had been fired or disciplined by an employer for taking time off to cope with an illness of care for a sick child.¹⁹

Workers need a paid sick days standard that would give them the economic security to stay home when they are sick or when a family member needs medical care. The public agrees: 75% see paid sick days as a basic worker's right, and there is broad public support—across all demographics and political parties—for setting this standard.²⁰

Success Stories...

- The Wisconsin Paid Sick Leave Coalition, led by 9 to 5, National Association of Working Women, is working to build upon momentum created by the Milwaukee Paid Sick Days Campaign. Their proposal would provide access to paid sick days for all Wisconsin workers, as well as access to paid safe days for victims of domestic violence, sexual assault and stalking.

To learn more about how statewide paid sick leave policy benefits women and girls, visit:

- The National Partnership for Women and Families: www.paid sick days.org

5 Provide Dental Coverage for Pregnant Women in Wisconsin

WHAT: We as a collective women's health community support providing dental coverage for pregnant women to improve Wisconsin's maternal and child health and to improve birth outcomes in our state.

WHY: Each year, the March of Dimes tracks premature birth rates and publishes a report that ranks each state and the nation overall on the number of babies born before 37 weeks of gestation. In 2009, Wisconsin received a "C" grade with a preterm birth rate of 11.1%. Overall, Wisconsin has a low birth weight percentage of 7% and the non-Hispanic black population has a low birth weight of 13.5%, almost double the state average. This is a decisive example of the disparities in maternal and child health that are so stark in our communities.

Pregnancy gingivitis is a common form of gum disease known to develop in almost half of all pregnant women likely due to the change in hormones. When kept at bay, pregnancy gingivitis generally ends shortly after the birth of the child. Periodontitis is an advanced and irreversible form of gum disease that has been linked with preterm birth. Pregnant mothers with periodontal disease are seven times more likely to go into preterm labor. Prostaglandin, a chemical found in oral bacteria, may induce labor. And high levels of prostaglandin has been found in the mouths of women with severe cases of periodontal disease.

Additionally, mothers with poor oral health may be at greater risk of infecting their children with the bacteria that causes cavities, increasing their children's cavities risk at an early age. Because cavities in infants are preventable, determining which mothers are at the highest risk improves opportunities for preventive intervention.

Recognizing the direct link between poor dental health and birth outcomes, the American Academy of Pediatric Dentistry (AAP) announced new oral health guidelines for pregnant women in 2009, tailored to assist them in maintaining healthy teeth and gums during their pregnancy and into the early stages of motherhood. The guidelines call for all pregnant women to receive counseling and oral health care during pregnancy, and also for infants to receive an oral health risk assessment and oral care by their first birthday. These steps will contribute to optimal health for both mother and child

Success Stories...

- Pregnant women over age 21 in California are eligible for limited adult dental coverage including periodontal treatment. It is estimated to potentially save over \$24 million annually by reducing preterm low birth weight by 2,655 cases based on an anticipated 50% program effectiveness.
- Louisiana and Utah have also extended Medicaid dental coverage to pregnant women.

To learn more about the benefits of providing dental coverage to pregnant women, visit:

- National Healthy Mothers, Healthy Babies Coalition: www.hmhb.org
- The American Academy of Periodontology: www.perio.org/consumer/pregnancy.htm

Wisconsin Women's Health Policy Recommendation #6:

6 Support Farm to School Programs Which Bring Nutritional Foods to Local Schools

WHAT: We as a collective women's health community support Farm to School Programs which bring nutritional foods to local schools in an effort to fight the obesity epidemic, while simultaneously supporting local food markets and building economic security.

WHY: Children spend a majority of their waking hours and consume 35–40% of their daily calories in a classroom setting, putting schools in a unique position to influence and cultivate healthy eating habits. Farm to School Programs have shown to increase consumption of fruits and vegetables, improve health and alleviate childhood health problems related to obesity. Because about 60% of obese adolescents will be obese as adults, any opportunity to positively impact the nutritional health of young people is a crucial step toward improving the health of women and communities.

Obese children and adults both experience higher rates of sleep apnea, asthma, orthopedic problems, diabetes and cardiovascular disease. For women specifically, obesity during adolescence is also correlated with variety of adverse psychosocial outcomes including fewer years of education, higher rates of poverty and lower household income.

Furthermore, Farm to School Programs support our local economies. According to the Farm to School website, for every dollar spent on local foods in schools, one to three dollars circulate in the economy. By keeping dollars local and opening up a new market to family farmers, the programs provide jobs and reduce the cost of food for school districts.

What's at stake?

- Currently, 14% of Wisconsin youth (9th – 12th grades) are overweight and another 11% are obese according to the 2007 Youth Risk Behavior Survey data. Many studies show that children who are overweight before the age of 8 years are at a much higher risk of serious health complications related to obesity in their adult years.
- According to the Centers for Disease Control and Prevention, less than 20% of young people eat the recommended 5 or more servings of fruits and vegetables each day.²¹
- Nearly 40% of heart disease in women may be attributable to obesity.²¹
- According to a study done by the Obesity Society, if current trends continue, by year 2030, 86.3% of American adults will be overweight or obese and related diseases will contribute to 16–18% of total health care costs.²²

Success Stories...

- Farm to School affiliated organizations are active in all 50 states, with over 2,000 programs serving 9,000 schools. Additionally, state supported farm to school policies have been enacted in 33 states including Wisconsin's neighbors, Iowa and Illinois.
- In 2007, the Chicago Public Schools introduced a Farm to School initiative that engages children in the classroom and outside on gardens and farms to teach them about where food comes from, nutritional benefits of eating specific foods, and the benefits of a living a healthy lifestyle. After completing the program, more students were shown to include fruits and vegetables in their daily diet.

To learn more about how a statewide Farm to School Program can help women and girls, visit:

- Farm to School : www.farmentoschool.org
- Wisconsin based Research, Education, Action and Policy on Food Group: www.reapfoodgroup.org

Conclusion

There is great work to be done to truly raise the status of Wisconsin women's health. Collectively and in partnership with our policy leaders, we can accomplish great things to help create healthier women, healthier families, healthier communities and healthier economies. The Wisconsin Alliance for Women's Health along with its many allies remains committed to ensuring that every Wisconsin woman, at any age and every stage of life has access to the full range of health care services and information she needs and deserves.

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Wisconsin Women's Health Policy Summit

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Please contact the Wisconsin Alliance for Women's Health (WAWH) with any questions, comments or suggestions regarding the Wisconsin Women's Health Policy Agenda:

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