



# The Status of Wisconsin Women's Health

May 2010

## Demographics Women in Wisconsin 2008

### Women in the Population

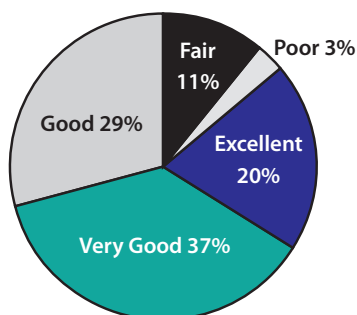
	Women	Percent
Total	2,830,003	50.3%
Urban	1,903,348	67.3%
Rural	926,655	32.7%
White	2,412,262	85.2%
African American	165,952	5.9%
Hispanic	132,921	4.7%
Asian	58,521	2.1%
Native American	23,912	0.8%

### Women's Median Age

White	42 yrs
African American	30 yrs
Native American	30 yrs
Asian	27 yrs
Hispanic	24 yrs

U.S. Census Bureau, American Community Survey, Age by Sex and Median Age by Sex (2008)

### How is Your Health? (CDC BRFSS) Women in Wisconsin, 2008



## Introduction

It is important to understand the current status of women's health in order to articulate a vision of health care policies that meets women's priority needs. The Wisconsin Alliance for Women's Health, with assistance from the Wisconsin Women's Council, has prepared this brief report as a starting point for discussion. The report is not meant to be comprehensive, but to provide a snapshot of women's health surrounding the 2010 Wisconsin Women's Health Policy Summit topic areas.

## Why Women's Health?

Women's ability to lead fulfilling lives and to participate fully in society depends in large part on their health. Healthy women contribute to healthy families, healthy work places and healthy communities. When women's health suffers, the consequences extend far beyond themselves. In addition, women are the heart of the health care system, making 80% of all health care decisions and spending four of every five health care dollars.

- Women are more likely than men to need medical services.
- Women are less able than men to afford medical services and supplies.
- Women pay 68% more in out-of-pocket health care costs than men.
- Latinas, immigrant women, young women, rural women and women with disabilities face particularly severe obstacles to obtaining medical care.

## Why Women's Health Policy?

Every woman at every age and stage of her life has much at stake in the policy decisions being made in our state regarding access to quality health care. At the 2010 Wisconsin Women's Health Policy Summit, community members, organizations and leaders will have the opportunity to explore the policy arena as one of the key areas on which to focus to help raise the status of Wisconsin women's health. Recognizing that a broad array of issues affects women's health, this report is organized around the nine breakout session topics that will guide discussion at the Summit: Alcohol & Other Drug Abuse, Cancer, Chronic Disease, Economic Security, Environmental Health, Lesbian & Bisexual Women's Health, Maternal & Child Health, Mental Health and Violence Against Women. Following the Summit, participants are invited to collectively develop an agenda that will provide recommendations for the State Budget and help guide policy affecting women's health in the 2011-12 State legislative session. The Wisconsin Alliance for Women's Health will publish and distribute this agenda.

## Disparities

A woman's access to quality health care is a function of many factors including where she lives, her race and ethnicity, her family income and her citizenship status. For example, African American and Native American women have substantially higher mortality rates for cancers, diabetes and heart diseases. Women who are poor, disabled women, those who live in rural areas, immigrant women, elderly women, and women who identify as lesbian, gay, bisexual, or transgender (LGBT) face particularly severe obstacles in obtaining medical care.

When asked "How is your health?" in a survey by the U.S. Centers for Disease Control and Prevention, African American Women in Wisconsin were much less likely to rate their health as "excellent" or "very good" and twice as likely to rate their health as "fair".

From 2003-2005, Wisconsin had the third worst African American infant mortality rate in the U.S., ranking 38 out of 39 reporting states and the District of Columbia. In 2008, compared to white births, the infant mortality rate for Native Americans was 1.9 times greater; the rate for

Hispanics/Latinos was 1.2 times greater; and the rate for African Americans was 2.8 times greater. Wisconsin's rank based on white infant mortality rates has also worsened relative to other states, moving from a rank of five in 1981 to 13 in 2005.

Many minority groups of women face barriers to quality care including poor transportation, an inability to schedule appointments quickly or during convenient hours, scarcity of primary care providers, specialists, and diagnostic facilities due to rural or inner city locations, cultural differences, impaired mobility or disparities in health literacy and unique health care needs to name a few.

In addition, only 4% of physicians in the United States are African American, and Hispanics represent just 5%, even though these percentages are much less than their groups' proportion of the United States population.

With an understanding of diverse women's needs, Wisconsin policies must include measures that will make the health system more equitable and reduce disparities.

**Wisconsin Mortality Rates for Women, Aged 18 Years and Older, by Racial and Ethnic Group for Selected Diseases/Causes (rate per 100,000, age-adjusted, 2004-2006)**

	U.S. Women	Wisconsin					
		All Women	White	African American	Hispanic	Asian	Native American
<b>Major cardiovascular diseases</b>	313.1	273.9	270.4	382.5	100.0	217.6	314.7
Disease of heart	229.0	193.4	190.9	279.7	*	123.9	230.6
Stroke	61.3	59.6	58.7	74.8	*	*	*
<b>Cancer</b>	208.6	207.9	207.6	259.7	89.6	131.9	287.0
Breast cancer	20.1	30.7	31.1	32.8	*	*	*
Cervical cancer	54.5	2.5	2.2	*	*	*	*
Uterine and ovarian cancer	2.3	18.7	18.9	*	*	*	*
Cancer of lung and related	17.2	52.8	52.8	67.2	*	*	*
Urinary tract cancer	6.8	8.0	8.0	*	*	*	*
<b>Accidents (unintentional injuries)</b>	30.7	34.5	34.0	43.3	*	*	*
<b>Diabetes</b>	28.4	23.9	22.2	57.9	*	*	*
<b>Intentional self-harm (suicide)</b>	5.8	6.3	6.4	*	*	*	*
<b>Assault (homicide)</b>	2.9	1.9	1.4	*	*	*	*

Source: U.S. Centers of Disease Control, National Vital Statistics System, Mortality by underlying cause, age 18+.

## Alcohol & Other Drug Abuse

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Alcohol & Other Drug Abuse (AODA) is a harmful pattern of substance use resulting in significant interferences in role obligations or repeated use in situations that are physically hazardous, result in repeated legal problems, or continue despite persistent social or interpersonal problems. In some cases, aspects of these problems such as menstrual cycle effects, fertility, liver damage, breast cancer and victimization put women at an increased risk.

According to the Wisconsin Epidemiological Profile on Alcohol and Other Drug Use (2008), the consequences associated with alcohol use in Wisconsin tend to be higher than the national average, and Wisconsin has the highest rate in the nation of self-reported drinking and driving.

The Centers for Disease Control and Prevention (CDC) has reported that Wisconsin is among the states that report the highest rates of drinking among pregnant women and high-risk drinking among women of childbearing age. In 2006, 66% of Wisconsin women ages 18-44 said they had at least one alcoholic drink in the past 30 days; this compares with 54% of women in the United States. Binge

drinking is also more prevalent among Wisconsin women of childbearing age, compared with their national counterparts. In 2006, among women ages 18-44, 24% in Wisconsin and 16% nationally said they had consumed four or more drinks on one occasion in the past 30 days.

According to the Wisconsin Department of Health and Family Services (2006), AODA conditions with both high occurrence and high severity in Wisconsin are: driving while impaired by alcohol or other drugs; binge use of alcohol; heavy use of alcohol; substance abuse-related intergenerational family dysfunction; alcohol abuse; co-occurring substance abuse or dependency and mental illness; alcohol dependence; one time, occasional or experimental use of illicit psychoactive drugs; alcohol or other substance use abuse or dependency in a pregnant postpartum, or parenting woman; youth (12-17 year olds') AODA use; and 18-25 year olds' AODA use.

It is critical that we address these high occurrence, high severity problems to improve the status of women's health and well-being in Wisconsin.

## Cancer

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Cancer is a serious health concern for Wisconsin women as a number of prevalent cancers affect women uniquely.

Breast cancer is the most common cancer among women in the United States. This year 3,900 new cases of breast cancer will be diagnosed among women in Wisconsin and 700 Wisconsin women will die of breast cancer.

Lung cancer is the number one killer of women, mainly due to smoking. Smoking also increases a woman's chance of developing other forms of cancer. Smoking rates among pregnant women in Wisconsin are higher than the national average. Smoking during pregnancy can lead to: premature birth, miscarriage or stillbirth, sudden infant death syndrome, respiratory illness, ear infection, asthma and future behavior problems.

Cervical cancer can be treated and cured if detected early. There has been a significant decline in deaths related to cervical cancer since 1995 because women are getting Pap tests done with more regularity.

Colorectal cancer is the third most diagnosed cancer in women, following breast and lung cancers. The myth that Colorectal cancer is a "Man's Disease" is wrong. Colorectal cancer strikes equally among women and men.

The incidence of many cancers increase with age. For example, at age 50, a woman's chance of ever developing breast cancer is about 1 in 7. Because so many cancers take many years to develop, it is critical that we take a life course model approach to prevention. For example, skin cancer is the most common type of cancer in the US. The majority of lifetime sun exposure occurs before age 18, however skin cancer can take 20 years or more to develop.

Cancer treatments are costly and invasive. Prevention is key. While 83% of women aged 18+ reported having a pap test within the past three years and 77% of women aged 40+ reported having a mammogram within the past two years, there is a strong relationship between higher income and accessing such services. We must work to ensure that all Wisconsin women have the opportunity to reach their highest health potential.

## Chronic Disease

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Across all racial and ethnic groups, cardiovascular disease (CVD) is the nation's leading killer and a leading cause of disability. CVD refers to a variety of diseases and conditions affecting the heart and blood vessels, such as heart attack, high blood pressure, coronary heart disease and stroke. Nearly 37% of all female deaths in America occur from CVD.

In 2004, more than 35% of all Wisconsin deaths (16,087) were due to CVD. From 2004-2006, Wisconsin women experienced over 8,300 deaths from major cardiac diseases. The death rate due to CVD is substantially higher in African American and Native American women (see page 2).

A 2003 American Heart Association study revealed the lack of understanding women have of the dangers of heart disease and stroke. According to the results, a mere 13 percent of women in America believe that heart disease and stroke are the greatest health threat to women.

According to the Wisconsin Department of Health Services (DHS), diabetes is a costly, complex, and devastating chronic illness that poses a major public health problem. It is the seventh leading cause of death in Wisconsin, costing an estimated annual \$4.52 billion in health care costs and lost productivity. Each year, more than 1,200 Wisconsin residents die from diabetes and many more suffer disabling complications, such as heart disease, kidney disease, blindness, and amputations. This burden is higher among minority populations.

Much of this health and economic burden can be averted through known prevention measures. For example, regular physical activity substantially reduces the risk of dying of coronary heart disease, and decreases the risk for stroke, colon cancer, diabetes, and high blood pressure. These preventive measures must become policy priorities in order to see an improvement in women's health.

## Economic Security

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According to the Institute of Women's Policy Research, Wisconsin women have a labor force participation rate of 66.6%, ranking fifth in the nation. In addition, the Wisconsin Women's Council (WCC) reports that women now make up more than half of the graduates of many of Wisconsin's colleges and universities. The fact remains, however, that equal pay continues to elude women – irrespective of race, age or education.

The WCC reports that in 2009, women earned 82 cents on the dollar compared to men, with a median hourly wage of \$14.50—roughly 19% lower than men's. At this rate, a full-time, woman worker would earn \$30,200 per year, on average, compared with \$37,400 for men. Gains in access to the workforce and educational attainment alone will not eliminate the pay gap.

According to the Center on Wisconsin Strategy (COWS), African American and Latina women's wages lag behind those of white women. In 2005, white women in Wisconsin earned a median wage of \$13.04, a 26.2% increase over their inflation adjusted 1979 earnings. At the same time, the black women's median wage was just \$10.89, a 5.1%

decrease from 1979. Latina women have the lowest median wage at \$8.89.

According to the Census Bureau, Wisconsin women make up 47% of workers in the labor force, but 55% of individuals in the labor force with income below the poverty line. Single-mother families are the most likely to be in poverty. In fact, about 10% (397,400) of all adults age 18 and over in Wisconsin fall below the poverty line. Of these, about 59% are women.

Elder economic security is an issue of increasing importance as our population ages. Increased poverty experienced by elders will result in a greater financial burden for all Americans. An independent elder's ability to stay healthy and economically secure is based on many factors including geography, whether they live alone or with someone, whether they own or rent, current health status and long term care needs among others.

Wisconsin's policies must acknowledge the economic disparities women face in order to successfully improve the status of women's health in our state.

## Environmental Health

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Health problems and disabilities such as asthma, birth defects, cancer, diabetes and infertility affect more than 100 million men, women and children, about one-third of the U.S. population. Scientific research shows that exposure to environmental contaminants may increase a person's risk for these and other health concerns. Pregnancy and early childhood are especially vulnerable times, but exposure throughout the life course has the ability to cause harm.

Although the science is still emerging, strong evidence exists for linking environmental exposures to negative women's health outcomes such as infertility, recurrent miscarriage, early onset of puberty, reproductive tract cancers and diseases such as endometriosis, heart disease and breast cancer.

Women may be exposed to contaminants through household products, the food we eat, air pollution from vehicles or factories, hazardous waste sites and other sources. We can find contaminants in our homes, communities, schools

and workplaces. For example, some of the environmental factors that increase the risk for heart disease include smoking and secondhand smoke, exposure to some metals (such as arsenic, lead or mercury) and air pollution.

According to a recent national survey, 12% of the reproductive age population in the U.S., or 7.3 million couples, report difficulty conceiving, carrying a pregnancy to term or both of these problems. Although there is still much to learn, exposures that may interfere with fertility include cigarette smoke, DES exposure in the womb, health challenges such as endometriosis or exposure to solvents such as formaldehyde, perchloroethylene or pesticides.

With thousands of chemicals and other contaminants in use, more research is needed to understand how all these environmental contaminants affect human health. But there is enough evidence to know we need better public policy to prevent exposing people to contaminants that are—or may be—harmful to people's health.

## Lesbian and Bisexual Women's Health

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People who are lesbian, gay, bisexual, or transgender (LGBT) are members of every community. They include people of all races and ethnicities, all ages and all socioeconomic statuses.

While many of the health concerns and risk factors that are relevant to lesbian and bisexual women are shared by the general population, others are more specific to this community. These may include: sexual behavior issues, cultural issues such as substance abuse and eating disorders, discrimination issues such as insurance coverage and violence, and sexual identity issues such as depression.

In addition to considering the needs of lesbian and bisexual women in programs and policies to improve women's health, there is also a need for culturally competent medical care and prevention services for this population. Social inequality is associated with poorer health status, and sexual orientation has been associated with multiple health threats. Differences in sexual behavior account for some of these disparities, but others are associated with social and structural inequities, such as the stigma and discrimination that lesbian and bisexual populations experience.

For example, marriage requirements allow many insurance companies to deny benefits to long-term partners. Some same-sex partners encounter discrimination in hospitals and clinics when denied the rights usually given to spouses of a patient such as visiting, making medical decisions, and participating in consultations with physicians.

Several studies have indicated that lesbians have higher risk for developing breast cancer. This is partially related to higher rates of risk factors such as obesity, alcohol use, tobacco use and nulliparity (not bearing children), however, it has also been shown that lesbians are less likely to be screened for breast cancer than heterosexual women. Lesbians also have additional risk of developing ovarian cancer, due to inadequate access to health care, nulliparity, and not using oral contraceptives. Lesbians are also more than two times as likely to become heavy smokers than heterosexual women and are at increased risk of depression, panic attacks, substance abuse, and suicide.

The perspectives and needs of lesbian and bisexual women should be routinely considered in efforts to improve overall health of all Wisconsin women.

## Maternal, Child & Reproductive Health

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Family planning has far reaching benefits for women of reproductive age and their families. Family planning helps couples space births, prevent unintended pregnancies and avoid sexually transmitted infections including HIV.

Once a woman is pregnant, prenatal care becomes critical. Each year, nearly one million American women deliver babies without receiving adequate medical attention. Babies born to mothers who receive no prenatal care are three times more likely to be born at low birth weight, and five times more likely to die. Wisconsin experiences dangerous disparities in infant mortality, showing the third worst African American infant mortality rate of all reporting states. Wisconsin's rank based on white infant mortality rates has also worsened relative to other states, moving from a rank of five in 1981 to 13 in 2005.

Teens in Wisconsin are also experiencing poor outcomes related to reproductive health. In 2008, there were 6,069 births to teens in Wisconsin; 1,859 births to teens age 17 and under and 4,237 to teens age 18-19. Teen pregnancy is a significant life course issue, as studies have shown lower

educational levels, higher rates of poverty and other poorer life outcomes in children of teenage mothers. In addition, teens experience more immediate problems such as increased birth complications, preterm delivery and low birth weight. Only about 66% of teens receive first-trimester prenatal care, compared to 82% for all women.

In addition, Wisconsin is currently experiencing a public health epidemic of sexually transmitted infections (STIs). In 2008, reported rates of chlamydia among Wisconsin women (516.5 per 100,000) were up 15% since 2003 and 2.8 times greater than those among men. Wisconsin also ranked 23rd among all states in chlamydia infections and ranked 18th in gonorrheal infections. According to the Centers for Disease Control, one in four teenage girls in the U.S. has an STI. In Wisconsin, there has been a dramatic increase in STIs among teens over the last decade – up 53% for the four of the most commonly reported STIs.

Wisconsin women experienced 72,002 births in 2008. As such, it is critical that we support policies that affect maternal, child and reproductive health care needs.

## Mental Health

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A mental illness is a health condition that causes mild to severe disturbances in thought, mood, emotion and/or behavior associated with an inability to cope with life's ordinary demands and routines. Many mental illnesses, including depression, bipolar disorders, schizophrenia and panic disorders, are caused by biochemical disturbances in the brain and others are triggered by exposure to an extremely stressful event.

According to the Wisconsin Board for People with Developmental Disabilities (BPDD), nearly one million people in Wisconsin have some form of mental illness. One in five Wisconsinites will be affected by mental illness this year. Many people suffer from more than one mental disorder at a given time.

According to Wisconsin United for Mental Health, women experience depression at roughly twice the rate of men. Special issues unique to women including biological, life cycle, and psycho-social may be associated with women's higher rate of depression. In addition, many women ex-

perience serious mental illness during pregnancy and the postpartum period.

While both men and women are burdened by the personal and financial toil that mental illnesses bring, women are more often affected by certain conditions. For example, women are affected twice as often as men by most forms of depression and anxiety disorders, and nine times as often by eating disorders. One out of four women will suffer from clinical depression; only 20% of those women will get the help they need. In fact, two in three adults with a diagnosed mental disorder do not receive treatment.

The cost of mental illness to the individual, the family and society is enormous. Mental illness often prevents a person from working. According to Wisconsin BPDD, people with mental illness fill more hospital beds than those with cancer, lung and heart disease combined. It is critical that we encourage policies that affect access to mental health care in Wisconsin.

## Violence Against Women

Sexual assault has a devastating impact on survivors and on our communities. Depression, anxiety, panic, isolation, self-hatred, unintended pregnancy, sexually transmitted infections, HIV and AIDS, eating disorders and post traumatic stress disorder are just some of the effects. In Wisconsin, gender-based violence is estimated to cost \$100 million per year: \$70 million in direct costs and \$30 million in lost productivity, according to the Centers for Disease Control (2003). In Wisconsin, 4,688 sexual assaults were reported in 2008, however, it is estimated that only 32% of assaults ever get reported.

Domestic violence is a pattern of aggressive and intimidating behaviors in which one person controls another through fear and intimidation, often including the threat or use of violence. Abuse can be verbal, emotional, physical, sexual and economic and is based on power and con-

trol. Domestic abuse is rarely a one-time event; it usually increases in severity and frequency over time.

According to the Wisconsin Counsel Against Domestic Violence, women are 95% more likely than men to be victims of domestic violence. Over 40,000 individuals receive services each year from domestic violence victim programs in Wisconsin. In 2009, there were 59 deaths related to domestic violence homicides in Wisconsin, up from 36 deaths in 2008—a 64% increase and a 10 year high.

A 2008 report found over 200 cases of human trafficking in both urban and rural areas in Wisconsin, including victims forced into sex acts or labor services. Awareness of the crime remains low. Statewide awareness must be advanced and policies must be supported surrounding this issue in order to truly improve Wisconsin women's health.

## Recent Women's Health Policy Advances and Setbacks in Wisconsin - Selected Highlights

Below is a list of recent legislative enactments that have impacted the health of women in Wisconsin. It is critical that those invested in women's health collaborate on policy issues and ensure that decisions being made in our state truly better the health of all women.

- **BadgerCare Plus Basic** (2010) – Offers a new health care option for adults without dependent children who are on the BadgerCare Plus Core program waiting list.
- **Wisconsin Parity Act** (2010) – Requires most group health plans in Wisconsin to provide mental health and substance use disorder benefits at parity levels, increasing treatment for hundreds of thousands of people in Wisconsin.
- **Healthy Youth Act** (2010) – Requires schools that teach sex education offer a comprehensive, evidence-based curriculum.
- **Right to Breast-feed Act** (2010) – Protects a woman's right to breast feed her child in any public or private place.
- **Lock-Out Abusers Act** (2010) – Requires that the locks to victims' apartments be changed within 48 hours of a request, when the victim provides legal documentation of abuse.
- **Smoke Free Wisconsin Act** (2009) – Prohibits smoking in the workplace.
- **Contraceptive Equity** (2009) – Requires insurance plans that cover prescription drugs to cover contraceptives.
- **Prescription Protection** (2009) – Requires pharmacies to dispense birth control prescriptions during business hours.
- **Medicaid Family Planning Waiver Program (FPWP)** (2003) – Provides family planning services and supplies to women age 15 through 44 who are below 200% of the federal poverty level.
- **FPWP Expansion** (2009) – Expands FPWP to low-income men for family planning and STI testing and treatment.

- **Benefits for women in at-risk pregnancies** (2009) – Provides a W-2 cash benefit during the 3rd trimester to women who cannot work due to the at-risk nature of their pregnancy.
- **Homestead Tax Credit** (2009) – Starting in 2011 raises the deduction from household income to \$500 per dependent, instead of \$250; also prospectively adjust the credit for inflation.
- **Earned Income Tax Credit (EITC)** (2009) – Increases the federal credit for families with three or more kids and slows the phase-out for married couples as their income increases.
- **Minimum Wage Increase** (2009) – Increases the minimum wage from \$6.50 to \$7.25 per hour. (In 2005, Wisconsin increased the minimum wage for the first time since 1997.)
- **Wisconsin Elder Economic Security Initiative** (2009) – Includes a measure of well-being that goes beyond the Federal Poverty Level to determine actual income and supports needed for older adults to live modestly given their unique health and life circumstances.
- **Compassionate Care for Rape Victims** (2008) – Requires hospital emergency rooms to give rape victims full and accurate information about emergency contraception (EC) and, if requested, to dispense EC on-site to prevent pregnancy.
- **Strangulation and Suffocation Act** (2008) – Makes strangulation a felony and closes a loophole that allowed batterers to avoid serious penalty for committing these dangerous crimes.

### Set-Backs

- **Smoking Cessation** (2009) – Funding for state Tobacco Prevention and Control Programs was cut by 50%.
- **Extending W-2 Parental Leave Benefits** (2009) – Proposal to allow mothers to stay home and receive "caretaker of newborn infants" benefits until the infant is six months old (currently 12 weeks) was cut by the Legislature.

## Women's Health Policy Related Proposals in Wisconsin - Selected Highlights

Many of the organizations attending the 2010 Wisconsin Women's Health Policy Summit have a vested women's health interest in seeing the below policy initiatives become law. These and other policy priorities will serve as the basis for a 2011 Wisconsin Women's Health Policy Agenda to be created following the Summit.

- **AB 114** – Provides a penalty surrounding the open burning of solid waste, illegal storage or disposal of waste tires.
- **AB 154** – Prohibits the purchase of tobacco products on behalf of, or to provide to, a minor and provides penalties.
- **AB 171** – Provides a penalty for unlawful use of a global positioning device.
- **AB 209** – Authorizes counties to provide assistance to non-profits that provide assistance to certain individuals.
- **AB 277 / SB 204** – Prohibits discrimination in housing because of domestic abuse victim status and provides a penalty.
- **AB 329** – Establishes conditions of extended supervision, probation, and parole for persons convicted of certain sex offenses.
- **AB 349** – Limits the searchability of a governmental Internet listing of property taxes assessed.
- **AB 365** – Admits prior testimony of a felony victim at a probation, parole, or extended supervision revocation hearing.
- **AB 400 / SB 274** – Requires landlords to change locks
- **AB 411 / SB 281** – Prohibition against making, reproducing, or possessing a nude depiction of a person without the person's consent and the sex offender registry.
- **AB 419** – Establishes rape shield provisions in civil proceedings, discovery and inspection of victims and witnesses, and victims rights.
- **AB 435** – Regulates the operation of all-terrain vehicles on highways for the purpose of certain types of access and granting rule-making authority.
- **AB 453 / SB 319** – Statute of limitations for sexual contact with a child.
- **AB 480 / SB 337** – Creates a civil cause of action for acts of violence motivated by gender.
- **AB 481 / SB 344** – Makes crimes based on gender of victim subject to a penalty enhancer and provides a penalty.
- **AB 558 / SB 380** – Prohibits a person who is convicted of a misdemeanor crime of domestic violence from possessing a firearm and provides for penalties.
- **AB 559 / SB 381** – Creates a procedure to implement existing state law requiring a person surrender any firearms in their possession when subject to a domestic abuse, child abuse injunction or other court order.
- **AB 784** – Provides a penalty for failing to report results of a religious organization's investigation of sexual contact with a child.

## Conclusion

There must be a concerted effort to monitor and analyze legislative policies that affect Wisconsin women's access to health care and information. Much of what happens under our Capitol's dome determines if and which Wisconsin women will have access to the programs, services and information they need to reach their highest health and wellbeing potential.

Following the 2010 Wisconsin Women's Health Policy Summit, individuals and organizations will join together to create a Wisconsin Women's Health Policy Agenda. This agenda will serve as a guide to priority issues affecting women's health and will offer recommendations on the best approaches to addressing those issues. By focusing on the Life Course Model, which suggests that a complex interplay of biological, behavioral, psychological, and social protective and risk factors contributes to health out-

comes across the span of a person's life, we will address the various health needs of all Wisconsin women at every stage and every age of their life.

Although there are many organizations working on a wide variety of women's health issues, never before has there been a comprehensive approach to addressing policies affecting women's health in Wisconsin. With this agenda, organizations and individuals will be able to work on common goals, and will be armed with facts on various issues affecting Wisconsin women's health. The agenda will serve as a resource for public awareness efforts, lobbying and media outreach and will also guide policy affecting women's health in the 2011-12 State legislative session and the Wisconsin State Budget. Only by setting clear policy priorities will we truly be able to improve the status of women's health in Wisconsin.

Prepared for:



Prepared by:



Wisconsin Alliance for  
**Women's Health**

P.O. Box 1726, Madison WI 53701-1726  
Phone: 866-399-9294 Fax: 608-256-3004  
[www.supportsomenshealth.org](http://www.supportsomenshealth.org)