HOUSE OF REPRESENTATIVES STAFF ANALYSIS

BILL #: HB 1803 (PCB HC 04-10) Officer of Women's Health
SPONSOR(S): Committee on Health Care; Green
TIED BILLS: None. **IDEN./SIM. BILLS:** None.

REFERENCE	ACTION	ANALYST	STAFF DIRECTOR
1) Health Care	21 Y, 0 N	Rawlins	Collins
2)			
3)			
4)			
5)			

SUMMARY ANALYSIS

This bill creates the Officer of Women's Health Strategy within the Department of Health. The Officer is required to ensure that Florida's policies and programs are responsive to sex and gender differences and to women's health needs; increase knowledge and understanding of women's health and women's health needs; support the provision of effective health services to women; and promote good health through preventive measures and the reduction of risk factors that most imperil the health of women.

The Officer is required as a matter of standard practice, apply gender-based analysis to programs and policies in the areas of Florida's health care system. Tools, methods and training material will be developed to assist in implementing the gender impact assessments across the state and to orient senior managers to the requirements of this practice.

Women's health issues will be taken into consideration in the annual budget planning of the Department of Health, the Agency for Health Care Administration, the Department of Education, and the Department of Elder Affairs. The inclusion of gender considerations and differential impact will be one of the criteria when assessing research and demonstration proposals for which state funding is being sought.

Boards or advisory bodies which fall under the purview of the Department of Health and the Department of Elder Affairs will be encouraged to seek equal representation of women and men and the inclusion of persons who are knowledgeable and sensitive to gender and diversity issues. Women's organizations and health organizations interested in women's health will be consulted on key policy issues.

A plan will be developed to mobilize interdepartmental collaboration in identifying objectives and initiatives that will address socio-economic issues of women related to health. Gender considerations will be addressed in departmental work on children, to ensure that the distinct issues of girls and boys will be taken into consideration in policies and programs. Gender considerations will be addressed in departmental work on the health and health system impacts of aging.

By January 15 of each year, the Officer of Women's Health Strategy will provide the Governor, President of the Senate, and Speaker of the House of Representatives an annual report with policy recommendations.

The bill provides an effective date of July 1, 2004.

The fiscal impact of this bill has not been determined.

FULL ANALYSIS

I. SUBSTANTIVE ANALYSIS

A. DOES THE BILL:

1. Reduce government?	Yes[]	No[x]	N/A[]
2. Lower taxes?	Yes[]	No[]	N/A[x
3. Expand individual freedom?	Yes[x]	No[]	N/A[]
4. Increase personal responsibility?	Yes[x]	No[]	N/A[]
5. Empower families?	Yes[x]	No[]	N/A[]

For any principle that received a “no” above, please explain:

This bill expands governmental responsibility to include a women’s health policy position within the Department of Health.

B. EFFECT OF PROPOSED CHANGES:

Recognizing the Issues

Florida is a diversely populated state which is home to many culturally diverse women of every age group and a large elder population. Our health system has not always fully understood the factors which influence the health status of women nor has it completely addressed women's issues concerning research, education, leadership and health interventions. Gender bias has affected women as users of the health system and as paid and unpaid health care providers.

Health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity. Women's health involves their emotional, social and physical well-being and is determined by the social, political and economic context of their lives, as well as by biology.

Only recently have health policy makers and health service providers acknowledged in a tangible way the extent to which social, economic and cultural factors influence health. Similarly, the nation’s health system has been slow to recognize that sex and gender are other significant determinants of health. For many years, a burgeoning women's health movement called attention to biases in the health system. At first, the sense that the system was failing women was intuitive and personal. Over time, awareness grew that shortfalls in the system were more pervasive and required a comprehensive response - including changes in attitude and practice.

Women out live men by six years and the death rate is higher among men than women in all age groups, especially between the ages of 20 and 44, where their likelihood of dying is more than twice that of women. These differences are mostly attributable to men dying from "external" causes, especially motor vehicle accidents and suicide.

However, there is a reversal in these statistics when it comes to cancer deaths in the age group 20-44: women in the prime of life are dying in greater numbers than men. In projections of cancer-related deaths for 1998, women in the age group 30-39, for instance, have a death rate that is one and a half times that of men. In the age group 40-49, their death rate attributable to cancer is one third higher. These deaths are primarily due to breast cancer, the causes of which are still largely unknown.

As well, women continue to die from largely preventable conditions such as cervical cancer. Unprecedented numbers are now dying from lung cancer, another preventable disease. In 1994, for the first time, lung cancer surpassed breast cancer as the leading cancer killer of women. While the incidence of breast cancer is lower among black women, they tend to die from the disease in greater numbers than white women, pointing to the need for attention to diversity.

Mortality is not the only significant health indicator when considering differences between women and men. Despite women's life expectancy of nearly 81 years, their later life is often characterized by isolation, disability and health problems.

At greater risk are women with low levels of education, low income, and low control over their work environment. These women are more likely to smoke and to be both sedentary and obese. As well, visible minority women are also more at risk, notably South-Asian and Black women.

The health sector has paid a great deal of attention to the reproductive system of women, and particularly to maternal health concerns. Important successes have been achieved in this area. However, illnesses common to both women and men have not always been understood in terms of their sex and gender-based differences and, therefore, have not been appropriately addressed by the health system.

Diseases of the heart are such an example. Prevention, diagnosis and treatment must reflect an understanding that the symptoms, the course of the illness, the effect of medications and the suitability of certain surgical procedures are different for women and men. As well, historically, in the area of heart research on new medications, women were rarely included as subjects. Cardiovascular disease (heart disease and strokes) is the major cause of death and one of the major causes of disability among women. Women themselves, when asked what illness puts them at greatest risk of death, will usually identify breast cancer, without realizing that cardiovascular disease carries greater risks. This has implications for health promotion efforts.

In most age groups, women suffer more than men from chronic conditions, particularly migraines, allergies, arthritis and rheumatism. Younger women report more back and limb problems than young men. Training, program development and health promotion activities must be sensitive to these differences.

One of the areas of greatest difference between women and men is their respective profiles of mental health disorders. Study after study has reported higher levels of depression among women. Young women, in particular, are more apt to have a low self-image. The rate of psychiatric hospitalization is consistently higher for women. While men commit suicide more frequently, women attempt suicide more often but are more likely to fail in their attempts. All of these observations point to gender-based differences in the way in which women and men experience and cope with stress and life events, and how they signal their distress. Recent findings on the links between stress and decreased efficiency of the immune system add further impetus to the need to address stress in the lives of both women and men, with an appreciation for gender differences.

Observations of mental health differences have specific implications for diagnosis and treatment. Many psychological assessment methods, including history taking, have not been constructed to fairly capture and adjust for gender differences and they often apply to women certain norms and definitions of mental health based on male standards. For example, women are inevitably labeled more anxious and tense than men. The point of reference becomes important in defining what is, and what is not, pathological, and the implications for diagnosis and treatment.

Sexual and reproductive health issues are numerous and differ among women and men. While women with HIV and AIDS can experience many symptoms similar to men's, they are often faced with difficult decisions related to pregnancy and the possibility of mother-to-fetus transmission.

Although not a disease, menopause brings many physiological changes for women and places women at risk of developing cardiovascular disease or osteoporosis. These risks may be influenced by hereditary background but may also be modified by diet, smoking, daily activities and environmental factors, therefore pointing to the need for a comprehensive health strategy for these women.

In their adult years, many women carry a double workload. Traditionally, they have been the family members primarily responsible for maintaining the home and caring for children and ill or elderly family members. When they joined the paid labor force, they continued these domestic duties along with employment outside the home. As a result, in the 20-44 age groups, the work stress index of women is much higher than that of men.

The media are an influential force in the socialization of women and men. They help create unrealistic expectations about weight and appearance and subtly encourage women to attach undue importance to these. Women and men respond differently to these pressures. Women, especially young women, tend to be more negatively affected by these messages, as evidenced by widespread preoccupation with weight loss, 18 and more seriously still, by rising rates of anorexia and bulimia.

Natural reproductive processes such as menses, pregnancy, childbirth and menopause may cause pain and discomfort and interfere with life events. When coupled with other sources of stress, they can bring about physical and mental distress unique to women. For many years, women's advocates have stated that women and their health concerns are too often over-medicalized (i.e., over-medicated and their conditions treated as pathological) because the health sector has difficulty distinguishing between natural processes and sickness.

Health risks for women and men derive from a number of factors including active high-risk behavior, passive behavior that precludes or undermines health, family history and social and physical environments.

Suicides, motor vehicle accidents and other types of accidents account for more sick days away from work and cause more deaths for men than for women. However, women and men do take risks of other kinds such as having unprotected sex which can result in STDs or unwanted pregnancies, or using drugs intravenously.

The reasons behind risk taking and the results which ensue vary according to gender. In regard to sexual behavior, for instance, popular notions assume sexual assertiveness among males and relative passivity among females. Women are generally regarded as responsible for contraception but may sometimes face barriers in negotiating safer sex with a male partner. This is a factor of relevance, for example, in understanding the transmission of HIV in women. In light of recent statistics indicating that the rate of HIV among women who are tested is increasing, we must improve our knowledge of the dynamics of women's high-risk behaviors. These behaviors are sometimes gender-specific and are changing as women's social roles and status in society evolve.

As well, women face different risks due to factors tied to their biological and social characteristics, for instance, the prevalence of osteoporosis among older women, coupled with the loss of agility and balance, result in a high number of fractures in women, often leading to severe disability or death.

One of the most tragic forms of high-risk behavior for women is cigarette smoking, as evidenced in current statistics on lung cancer mortality rates for women. The rate at which adolescent girls are taking up smoking is particularly alarming. This wave of new smokers bodes poorly for the health of tomorrow's women. It implies that greater knowledge and effort are required to successfully reach teens of both sexes. A better understanding of gender-based differences and effective interventions are critical to the success of these efforts.

The circumstances of some women's lives reduce their access or motivation to take preventive measures to safeguard their health. Invasive cervical cancer is commonly found in those women who have never been screened or who are not screened regularly.

Physical inactivity is also a problem. Women of all ages do not engage sufficiently in physical activity, despite its many positive effects on health. The health system must learn how to encourage healthy behaviors in women by developing approaches that take into account their values, lifestyles and roles.

Environmental and occupational risks are increasingly significant for women. Their occupations tend to expose them to lengthy periods of inactivity, especially in a sitting position, and to repetitive strain injury. As well, women may react differently than men to environmental contaminants. Current concern about the relationship of environmental toxins to breast cancer is an example.

National Response

Part A of title II of the Public Health Service Act (42 U.S.C. 202 et seq.) is the governing provisions for the Health and Human Services Office on Women's Health. The Office on Women's Health (OWH) in the U.S. Department of Health and Human Services (HHS) is the government's champion and focal point for women's health issues, and works to redress inequities in research, health care services, and education that have historically placed the health of women at risk. The Office on Women's Health coordinates women's health efforts in HHS to eliminate disparities in health status and supports culturally sensitive educational programs that encourage women to take personal responsibility for their own health and wellness.

Institute of Medicine

An April 2001 Institute of Medicine (IOM) report, "Exploring the Biological Contributions to Human Health," confirmed that differences between the sexes exist in the prevalence and severity of a broad range of diseases, disorders and conditions.

Sex-based biology research seeks to uncover the biological and physiological differences between men and women. Scientists have long known of the anatomical differences between the sexes, but only within the past decade have they begun to uncover significant biological and physiological differences between the sexes. Sex differences have been found everywhere from the composition of bone matter and the experience of pain to the metabolism of certain drugs and the rate of neurotransmitter synthesis in the brain.

The Officer of Women's Health Strategy underscores the recognition that in questions of health, it matters whether you are a woman or a man. Drawing on some commonly accepted examples there is an array of public policy implications that may have a positive impact regarding:

- ✓ patterns of illness, disease and mortality;
- ✓ the way women and men experience illness;
- ✓ their interactions with the health system;
- ✓ the effects of risk factors on women's and men's well-being and the social, cultural, economic and personal determinants of health, which are significantly affected by gender differences.

Shedding more light on these issues and seeking gender-appropriate measures are prime reasons for the establishment of the Officer of Women's Health Strategy position.

C. SECTION DIRECTORY:

Section 1. Amends s. 20.43, F.S., creating the Officer of Women's Health Strategy within the Department of Health. The Officer is required to ensure that Florida's policies and programs are responsive to sex and gender differences and to women's health needs; increase knowledge and understanding of women's health and women's health needs; support the provision of effective health services to women; and promote good health through preventive measures and the reduction of risk factors that most imperil the health of women.

Section 2. Provides an effective date of July 1, 2004

II. FISCAL ANALYSIS & ECONOMIC IMPACT STATEMENT

A. FISCAL IMPACT ON STATE GOVERNMENT:

1. Revenues:

   Fiscal information was unavailable at the time of this analysis.

2. Expenditures:

   $103,000.

B. FISCAL IMPACT ON LOCAL GOVERNMENTS:

1. Revenues:

   None.

2. Expenditures:

   None.

C. DIRECT ECONOMIC IMPACT ON PRIVATE SECTOR:

This bill will have a positive impact on the health of women and families in Florida.

D. FISCAL COMMENTS:

None.

III. COMMENTS

A. CONSTITUTIONAL ISSUES:

1. Applicability of Municipality/County Mandates Provision:

   This bill does not require counties or municipalities to spend funds or to take an action requiring the expenditure of funds. This bill does not reduce the percentage of a state tax shared with counties or municipalities. This bill does not reduce the authority that municipalities have to raise revenues.

2. Other:

   None.

B. RULE-MAKING AUTHORITY:

None.

C. DRAFTING ISSUES OR OTHER COMMENTS:

None.

IV. AMENDMENTS/COMMITTEE SUBSTITUTE CHANGES

On March 18, 2004, the Committee on Health Care considered PCB HC 04-10 with a strike all amendment. The amendment differs from the original bill in that it places the Officer of Women's Health Strategy in the Department of Health rather than the Executive Office of the Governor. The amended bill passed the committee with a unanimous vote.