



THE STATE OF WOMEN'S HEALTH IN THE STATE

A look at the health of Louisiana women over the past 10 years, challenges, solutions and why it matters in the first place

BY SARAH RAVITS

Again and again, Louisiana is deemed by various authorities — including its own Department of Health and the Center for Disease Control — one of the least healthy states in the country. While the state is known for its hospitality, cuisine, music, abundant natural resources and overall fascinating culture, year after year, Louisiana falters when it comes to measuring up health-wise, especially when it comes to women's health. Health care is a multifaceted discipline of study relying on expertise from health care practitioners, public health administrators, hospital reports, nonprofits and of course, its own citizens' reporting. There's not one specific blame-factor, nor is there one major isolated disease or ailment; rather, there are several ailments plaguing Louisiana women. The news isn't all bad; as medical technology advances, more citizens are successfully

treated and prevention campaigns, as well as other health initiatives, bring health education to a wider audience.

"Historically, southern states, including Louisiana, have had the highest rates of obesity, diabetes and heart disease," says Dr. Andrea Barrack, medical director of Blue Cross and Blue Shield of Louisiana. "Heart disease has remained the leading cause of death for both men and women, causing one in every four deaths in Louisiana."

Barrack also notes Louisiana has some of the highest incidence rates of cancer and related death. The Bayou State also has "higher than national average rates of high blood pressure (+6.3 percent), heart disease (+3.6 percent), diabetes (+2 percent), heart failure (+2.3 percent), chronic kidney disease and arthritis," says Barrack.

Stroke, diabetes, Alzheimer's disease, chronic lower respiratory disease (COPD/emphysema), kidney and liver disease and



Based on disease prevalence, Louisiana is among the top five states in the nation for stroke, heart disease and arthritis.

“Compared to men living in Louisiana, women have higher rates of hypertension, arthritis and diabetes,” says Barrack. “The leading causes of cancer death among women include lung cancer, breast cancer and colorectal cancer (in that order).”

Prevalent conditions (different from deadly conditions) for females in Louisiana are arthritis, high blood pressure, depression, osteoporosis and hyperlipidemia (or high cholesterol).

In addition to all this, Dr. Rebekah Gee, the secretary of the Louisiana Department of Health and an obstetrician-gynecologist, mentions that because women are often the caregivers of their families, there are many concerning issues surrounding childbirth and raising healthy babies.

“We have some of the highest prematurity rates in the nation,” says Gee. “We see high numbers of babies who die before one year of life. Poor birth outcomes are a particular concern.”

“Strong and healthy women are the backbone of our society, caregivers for both parents and their children,” says Gee. “They are part of the workforce, so when women are sick and not in good health, that has a major impact on society and Louisiana’s family. Healthy women are crucial to building healthy communities.”

Gee also says that 24 percent of women report being in fair or poor health. Additionally, “Louisiana ranks first in the nation for gonorrhea and syphilis, and we’re second for HIV and third for chlamydia.”

MOST VULNERABLE POPULATIONS

For many women affected by the ailments Gee mentions, it’s because they lack access to care and have poor health prior to pregnancy.

“Smoking and obesity during pregnancy, as well as social and even neighborhood factors play a role,” says Gee. “Even things like stress in your own neighborhood can have an impact.”

The subject of health disparities among minorities and the impoverished has been addressed by many scholars and agencies, with growing attention over the past decades. The Louisiana Department of Health addressed this topic with its 2011 report, “Louisiana Health Disparities.”

“Minorities experience higher rates of infant mortality, HIV/AIDS and cardiovascular disease and substantial

progression and response to treatment. This has been the focus of research, community partnerships, initiatives and action plans,” says Dr. Barrack.

MORE ACCESSIBLE INSURANCE AND NEW INITIATIVES

In January after taking office, Gov. John Bel Edward signed a Medicaid expansion law under the terms of the U.S. Affordable Care Act. The expansion presents options for hundreds of thousands of Louisianians living around the poverty line who previously had limited, if any, health care access. As of July 1, there has been open enrollment.

“Our focus right now is making sure women sign up,” says Gee of the program. As of Oct. 3, the Louisiana Department of Health reported that more than 314,000 new members have enrolled in Medicaid, and more than 1,300 women have completed important screening and diagnostic breast imaging such as mammograms, MRI’s and ultrasounds. Of those women, 24 have been able to begin treatment for breast cancer.

“We are going to be continuing to improve; coverage isn’t the end-all, be-all but it’s a very important piece of it,” notes Gee.

The New Orleans Advocate reported in September that the state stands to save an estimated \$184 million in its budget if all eligible families enroll. That number is not yet achieved, but the savings are sure to be substantial, as the ACA enrollments are paid for by the U.S. Treasury through 2016 and still heavily subsidized thereafter.

While this is undoubtedly good news for those within a certain income bracket, the cost of health insurance for the rest of Louisiana women is still a major expense.

“If insurance is not affordable, it’s because the underlying health care products it finances are unaffordable for the average person,” says Barrack.

Insurance companies’ profits and margins are federally limited, and rebates must be issued if the federal limits are exceeded.

“The issue of affordability is in the hands of the medical community and the federal government,” she notes. “We work to get the

best deals for our members when they access the health care system, but with specialty drug prices doubling every three years, hospital charges continuing to climb and an influx of new patients through healthcare.gov that require more care than they are paying in premiums, I don’t expect the price of insurance to slow down anytime soon.”

Still, she is optimistic about the future of women’s health care:

“Overall, women’s health care is improving,” she says. “Due to advances in the understanding and application of evidence-based medicine, better access to care, more widespread application of preventive care, and quality- and outcomes-focused health organizations and health insurers partnerships.”

HEALTHIER LIFESTYLES HELP

Another important focus of the Louisiana Department of Health is spreading awareness for healthier lifestyles and encouraging women to look at their family histories as well as being mindful of their own health backgrounds.

“People do need to eat healthier and not smoke,” says Gee. “There’s only so much we can do in the medical system to make people healthy if they have unhealthy behaviors. Part of it has to be that people have to change their behaviors, which I’m optimistic that people can do.”

“Many risk factors can be mitigated by healthy lifestyle choices,” says Barrack. “This includes cessation of smoking, maintaining healthy weight and an active lifestyle, a well-balanced heart-healthy diet, avoiding excess sugary foods and sugar-sweetened beverages (juices, sodas, soft drinks, energy and sport drinks) and overconsumption of highly processed and fried foods (foods not in natural form).”

“Strong and healthy women are the backbone of our society, caregivers for both parents and their children,” says Gee. “They are part of the workforce, so when women are sick and not in good health, that has a major impact on society and Louisiana’s family. Healthy women are crucial to building healthy communities.”

PREVENTING CERTAIN DISEASES

There is significant overlap in the list of risk factors causing or contributing to the conditions women face, says Dr. Andrea Barrack. Risk factors can be mitigated by healthier life choices.

“It is also import to remind women to adhere to age appropriate cancer screenings at regular recommended intervals based on personal risk,” she says.

These include mammography, cervical cancer screening tests (e.g. Pap smear with or without human papilloma virus testing) and one of the colorectal cancer screenings (testing stool for blood or cancer DNA using one of the approved tests), sigmoidoscopy or colonoscopy.

“Women with a history of heavy and recent smoking of a certain age might want to discuss getting a test called low-dose computed tomography (also called a low-dose CT scan),” she says.

Several vaccines are also recommended and can help reduce a woman’s risk of disease and illness, including the annual influenza vaccine, human papilloma virus vaccine (up to age 26) to protect against cancers caused by this virus, and pneumococcal vaccine (for those with chronic diseases and over age 65).

When a woman is diagnosed with high blood pressure, diabetes, heart or kidney disease, adopting a healthy lifestyle and taking prescribed medications can help relieve high blood pressure as well as bring glucose and hemoglobin A1c readings to goal and improved lipid values.

“It will also delay or prevent kidney failure, as well as reduce the risk of heart attacks and stroke,” says Barrack.