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# Health, Safety, Violence, and Disaster: How Economic Analysis Improves Outcomes for Women and Families

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IWPR's women's health and safety efforts highlight the social and economic aspects of health, safety, and security issues. Over the past quarter century, the Institute has addressed women's access to health insurance, the costs and benefits of preventive health services, reproductive health and rights, including the economic benefits of reproductive freedom, and the link between women's socioeconomic status and health. IWPR's examinations of safety issues have drawn attention to domestic violence as well as the effects of terrorism and disasters on women's well-being. Its research has informed policy decisions by identifying both the limitations on access to health care services and ways to expand access, as well as the gender and racial/ethnic disparities in health outcomes. The Institute's reports and resources have addressed a range of policy issues such as access to paid sick days including analyses of the health benefits of providing paid sick-days, breastfeeding protections under the Affordable Care Act, and in-home services for the elderly and others who need long-term care. For example, IWPR's fact sheets and briefing papers include a 1994 analysis of the proposed Clinton health care reform's access to health insurance for women of color, a policy update on abortion since the passage of *Roe v. Wade*, published in 2003, and an estimate in 2012 of potential benefits and cost savings, focused on savings from reduced emergency room use, anticipated with the adoption of mandatory paid sick days in New York City.

## Violence, Safety, and Security

### Intimate Partner Violence

One of the Institute's important early studies is *Measuring The Costs of Domestic Violence against Women and the Cost-Effectiveness of Interventions* (#1; 1996), conducted with support from the Rockefeller Foundation. That effort reviewed existing data and research, presented the findings at a full-day roundtable, confirmed that domestic violence imposes both direct and indirect costs on society in a variety of ways, identified significant gaps in existing knowledge, and stimulated additional research to provide more reliable cost estimates. A 1997 Research-In-Brief, "In Harm's Way? Domestic Violence, AFDC Receipt and Welfare Reform" (#2), summarizes the findings of a Massachusetts survey of women receiving welfare and reveals that large shares of these women experience domestic violence. Research such as this contributed to advocates winning an exemption to the time limits on lifetime benefit receipt enacted in the 1996 welfare reform law for women who have been victims of domestic violence.

IWPR's 2012 report, *The Status of Women and Girls in New Haven, Connecticut* (#3), expands upon previous work on domestic violence among adult women to look at violence among girls in the city of New Haven. The report finds that a lack of consistent and reliable data on domestic violence in the city continues to be an issue, but that large numbers of domestic violence-related court cases and records of calls to the regional domestic violence hotline show that prevalence of this form of abuse remains very

high. An examination of the Student Health and Behavior Survey from the New Haven Public School Social Development Department and of the Youth Risk Behavior Survey from the Centers for Disease Control and Prevention (CDC) indicates that among middle school and high school-aged youth, dating violence and violence more generally are also serious public health concerns in New Haven. Analysis of data from the New Haven's public school system finds that nearly half of girls in seventh and eighth grade have initiated fistfights or shoving matches, and just under one-fifth of girls in those grades report having hurt someone badly in a physical fight. In addition to participating in violence, girls are also far too often victims of bullying, harassment, and dating violence: approximately one-quarter of girls and boys in ninth through twelfth grades had been harassed or bullied on school property in 2010, more than 20 percent of girls in this age range had experienced verbal or emotional abuse at the hands of a significant other, and eight percent of girls had been forced to have sexual intercourse when they did not want to do so. Though these data present an alarming picture of the status of girls' public health and safety, increased awareness of the situation at the local level helps to inform policy and programmatic solutions and interventions to address these issues.

## Terrorism

A 2001 briefing paper, "Why Gender Matters in Understanding September 11: Women, Militarism and Violence" (#4), explores the evidence that physical, political, and economic violence against women is a harbinger of other forms of violence in a society. It suggests that the United States should pay particular attention to women when attempting to counteract terrorism and encourage development of democratic political systems throughout the world in order to address the root causes of terrorism and violence at home and abroad. Where institutionalized violence and terrorism are found, women often are singled out as targets. For example, in modern ethnic and religious conflicts, male fighters and soldiers have used rape as a form of genocide and a method of terror. Even in relatively peaceful societies, women are targets of violence such as rape and domestic violence. Although these acts are sometimes considered private matters, in fact, this form of violence has important political ramifications: it inhibits women from becoming involved in their communities by reinforcing the idea that they are second-class citizens. These actions also suggest that such violence is an acceptable strategy for obtaining or maintaining political, social, and economic power. Since violence against women and other forms of violence appear to be "inextricably linked," the report suggests the United States adopt policy approaches that oppose violence against women and regimes that condone it, include women as equal partners in development and international aid programs, and give priority to international programs that encourage economic and political development to address some of the root causes of terrorism.

## Safety in Disasters

Natural disasters in the past decade, particularly Hurricane Katrina, motivated examination of the disparities among those hurt when such crises occur. Prior research shows that women tend to suffer disproportionately in comparison to most men, while the elderly and people in poverty are more vulnerable to disasters than others. Shortly after Hurricane Katrina, IWPR initiated a study that resulted in several reports and work is still on-going. An early briefing paper, "The Women of New Orleans and the Gulf Coast: Multiple Disadvantages and Key Assets for Recovery Part 1" (#5), published in October 2005, just barely more than one month after Hurricane Katrina made landfall, focused on documenting demographic characteristics of the communities in New Orleans and the Gulf Coast region, looking specifically at the intensity of poverty among women, particularly women of color. The second paper in the series (#6), published in 2006, examined the effects of race, gender, and class in the labor market. In addition, each paper suggested a series of policies to address both immediate reconstruction needs of women and new strategies to improve the longer-term status of women in the South Central Region and nationwide. Hurricanes Katrina and Rita exposed the deeply-rooted inequality by gender, race, ethnicity, and class in the Gulf Coast as well as much of the South, and the need to address these inequalities in plans for rebuilding.

IWPR's research examined data on women's experiences in the labor market before and after the storm. These findings indicate that prior to the storms, Gulf Coast labor markets were segregated by gender, race, and ethnicity. The storms led to widespread displacement, but also to new opportunities for economic development and growth.

A number of specific policies are needed to ensure that women affected by the storms and the failure of the levees to prevent flooding in New Orleans get back on their feet and recover economically. IWPR's reports suggest helping women and their families recover requires ensuring the availability of affordable housing to those displaced by the storms; rebuilding basic educational, social, and health services; providing employment with living wages; increasing job training opportunities; and including women at all levels in the rebuilding effort.

The 2010 report *Women in the Wake of the Storm: Examining the Post-Katrina Realities of the Women of New Orleans and the Gulf Coast* (#7) and several fact sheets document the continuing problems of poor women. These women were less likely to be able to flee New Orleans prior to the storm due to limited mobility and care-taking responsibilities. They faced higher risk of gender-related violence both at the time of the disaster and for years afterward. For example, sexual assault and domestic violence incidents in Mississippi rose from 4.6 per 100,000 per day immediately prior to the hurricane to 16.3 per 100,000 per day a year later, when many women who were displaced from their homes were still living in temporary shelters and trailers. The hurricane reshaped the demographic profile of New Orleans; between 2005 and 2010, the share of women and girls living in that metropolitan area decreased by two percentage points and the share of the population that was African American decreased dramatically by 10 percentage points (#8; 2010). A shortage of housing, particularly public housing, remains a problem, as was reported in another 2010 IWPR briefing paper, "Mounting Losses: Women and Public Housing After Hurricane Katrina" (#9). In the wake of the widespread destruction of much of the housing in New Orleans, the costs of renting rose and nearly all the pre-storm public housing apartments were torn down. To this day, progress in rebuilding housing is slow, and it remains unclear how much of what is being built will be available to former residents of the public housing complexes that were demolished. Together, these findings demonstrate a need for better disaster planning that includes comprehensive plans for the evacuation of the elderly and disabled as well as the integration and inclusion of women from local communities in decision-making surrounding planning and rebuilding activities.

# Women's Access to Health Care

## Health and Reproductive Rights

As part of a grant from the Open Society Institute (OSI—now Open Society Foundations), IWPR conducted a series of studies on women's reproductive health care. One study, published as a briefing paper in 2001 (#10), involves a cost-benefit analysis of a policy that would make oral contraceptives available over the counter (OTC). The analysis finds that a prescription-to-OTC switch of oral contraceptives would result in a societal net benefit of $2.1 billion, largely stemming from medical savings from the prevention of unplanned pregnancies. Increased access to one of the most effective forms of birth control would also lead to psychological gains and broader health benefits for women, who may experience reduced anxiety and reduced risk of reproductive health conditions such as ovarian and endometrial cancer. The study was submitted to the Food and Drug Administration as a comment on the issue in June 2000.

A 2003 fact sheet (#11) on abortion policies since *Roe v. Wade* examines a number of political efforts that threaten to overturn the basic tenets of that landmark U.S. Supreme Court decision in 1973. Despite the clear health benefits of access to legal abortion and the economic benefits that it has afforded women, since the Roe v. Wade decision there has been a steady erosion of abortion rights. Federal cases have limited the scope of the decision and granted wide latitude to the states, which have subsequently passed a variety of laws limiting women's access to abortion. These include waiting periods, restrictions on funding, and regulations designed to make it more difficult and costly for abortion providers to practice medicine. These state-by-state changes are documented in the series of 51 S*tatus of Women in the States* reports produced by IWPR between 1996 and 2004 (#12). The 2003 fact sheet concludes that it is important to continue to safeguard the liberties provided by *Roe v. Wade* because the 1973 Supreme Court decision has positively altered the freedom that women have to make their own decisions with respect to reproductive health: by providing legal access to abortions, *Roe v. Wade* also enhances women's social and economic well-being.

## The Benefits and Cost-Effectiveness of Preventive Health Services for Women

In 1994, with funding from the Nathan Cummings Foundation, IWPR produced a series of research-in-brief reports that were combined into P*reventive Health Services for Women: Benefits and Cost Effectiveness a Resource and Resource Kit* (#13). The kit was designed to provide advocates and policymakers with an overview of the benefits and cost-effectiveness of eight different preventive health services for women including screening for breast and cervical cancer, family planning and abortion services, diagnosis and treatment of mental health conditions, and domestic violence prevention. The study finds that under many conditions, the preventive health services reviewed either produce net savings or are cost-effective when compared with other commonly-accepted medical interventions. Cost-effectiveness varies with the population screened, the prevalence of the condition, the prior rate of screening in the population, participation rates, the estimated cost of screening and treatment in the study period, and the follow-up period after treatment. Among the findings, the services that result in net savings include prenatal care, preconception care for diabetic women, family planning, screening for sexually-transmitted diseases in high risk populations, screening for both breast and cervical cancer in high-risk populations, and diagnosing and treating patients with multiple personality disorders. Other services that are found to be cost-effective compared to other interventions include screening for breast cancer among women between the ages of 50 and 65. The study was used by advocates to make the case for including these preventive services in health insurance plans, thus increasing women's access to these services.

## Women's Access to Health Insurance

A second 1994 report, funded by the Henry F. Kaiser Family Foundation, addressed *Women's Access to Health Insurance* (#14). Findings from this study informed testimony given by the authors before the U.S. Senate Committee on Finance (#15), which discussed the paradox that though women have more overall access to sources of health insurance than men, because they are more likely to rely on indirect coverage through family members, they are much more vulnerable to life cycle events such as divorce, a spouse's retirement or job loss, or widowhood. Women were also found to use health care services more often than men and pay more for them, and carry more of the responsibility in caring for and ensuring their family's health. The report, based on analysis of U.S. Census Bureau data, argues that due to changes in family structure, women increasingly slip through the cracks of the traditional system in which many obtained insurance indirectly through their husbands. A related briefing paper, "Women of Color and Access to Health Care" (#16), examines the disparities in access to health insurance and the barriers women of color encounter in the health care system. It estimates the number of women of color either uninsured or at risk of being uninsured who would have been covered directly through their employers if the Clinton Administration's proposed Health Security Act had been implemented.

## The Relationship of Women's Socio-Economic Status and Health

In 2001, with the support of the Commonwealth Fund, IWPR completed a paper, "Socioeconomic Status and Women's Health: The Influence of Income, Education, and Work Status on Women's Well-Being" (#17) that shows that women's income levels, educational attainment, and employment status are all factors in predicting women's ability to access important health care resources such as health insurance and preventive care. The study also found that socioeconomic status significantly influences how women use the health care system and, consequently, affects their overall health. Women with low educational attainment or those living in poverty experience more health problems and have greater need for health services than their more affluent counterparts, and women who are most in need of care face greater difficulty in accessing necessary services and treatment. These important findings support recommendations for important policies such as the expansion of women's access to affordable quality health insurance and increased support for health-related safety-net providers such as public health clinics and reproductive health centers, both of which would help many low-income and uninsured women overcome barriers to obtain the care they need.

## Women's Needs and Medicare Reform

*A Place at the Table: Women's Needs and Medicare Reform* (#18; 2003), a study sponsored by the Century Foundation, explains how women's health care needs differ from men's in retirement due to differing life histories, earning careers, and retirement income as well as different health conditions. For example, older women generally are poorer than older men and suffer more from such chronic conditions as osteoporosis and hypertension. At the same time, there is wide diversity among older women and their health needs. The report recommends ways that reform can improve Medicare for women, since women are relatively less well served than men by the program.

## Comparing Women's Reproductive Rights and Health Across the States

IWPR's *Status of Women in the States* (SWS) reports have included analyses of health care access, including insurance coverage and access to reproductive rights since their inception in 1996. A reproductive rights index incorporated each state's score on nine component indicators (e.g., contraceptive coverage, infant mortality rate, and percent of mothers beginning prenatal care in the first trimester of pregnancy), finding that most states show a mixed commitment to reproductive rights. The 2004 *Status of Women in the States* (#12) report added analyses of these indicators across racial and ethnic groups and shed light on how discrimination and disparities in access to health resources seriously impair the reproductive health of women of color. Discriminatory policies that shape the reproductive health experiences of women of color include higher levels of exposure to environmental health risks, lack of access to resources that would enable them to control their reproductive lives, and limitations on their access to health care resources more generally.

The health and well-being composite index, added to the SWS reports in 2000, includes states' scores on nine indicators of women's health status, including women's average annual mortality rates from heart disease, breast cancer, incidence rates of HIV/AIDS, and poor mental health. States' scores vary widely, and in all states, disparities in health status based on race and ethnicity are wide. For example, mortality rates from heart disease and breast cancer and incidence of HIV/AIDS are much higher among African American women than women in all other race/ethnic groups. Women of color are two to three times more likely than white women to develop type-2 diabetes. These differences in health outcomes are likely to be at least partially related to disparities in health insurance coverage. To reduce these disparities, states and the federal government need to develop policies that reduce barriers to minority women's access to health resources, including preventive care.

# Informing Health Care Policy

## Paid Sick Days

IWPR's research on job quality has examined access to paid family and medical leave, paid sick days, and employer-provided health insurance across the past decade. A number of IWPR's recent studies on paid sick days focus on health and safety outcomes. For example, in 2005, at the request of the late Senator Edward Kennedy, then Chair of the Senate Health, Education, Labor, and Pensions (HELP) Committee, IWPR released *Valuing Good Health: An Estimate of Costs and Savings for the Healthy Families Act* (#19). IWPR researchers find that providing employees with a minimum of seven paid sick days would result in net savings of over $8 billion to workers, employers, and taxpayers through reductions in contagion, employee turnover, nursing home stays, and wages paid to unhealthy employees with low productivity.

A February 2010 Briefing Paper (#20) on the role of paid sick days (PSD) in reducing transmission of the H1N1 virus or "swine flu" shows that employees coming to work ill cause contagion and negatively affect public health. The authors estimate that employees who went to work while infected with the H1N1 virus may have infected as many as seven million co-workers. Private sector workers, who are substantially less likely to have paid sick leave than their counterparts in the public sector, took less time off when infected than public sector workers, despite admonitions not to go to work if sick, suggesting they felt it was necessary to work when ill. After the peak month of the HIN1 outbreak, absences fell dramatically for public sector workers but not for private sector workers, suggesting that not having paid sick days leads to more contagion and more illness and may have lengthened the outbreak in the private sector. This research points to severe public health

effects of the lack of paid sick days for more than 40 million workers in the United States. State and local advocates across the country have cited this research in their efforts to advance new paid sick days policies.

Between 2006 and 2012, IWPR's research on paid sick day policies explored their impact on various local and regional municipalities in places including San Francisco, Portland (OR), New York City, and the states of Connecticut and Massachusetts. The Institute's briefing papers, fact sheets, and reports illuminate the multiple benefits of paid sick days, including substantial cost savings to individuals and employers, reduced emergency department visits, reduced racial/ethnic health disparities, and an increase in children's school success. For example, the November 2011 report, *Paid Sick Days and Health: Cost Savings from Reduced Emergency Department Visits* (#21) examines the effect of current levels of coverage among private sector employees on self-reported health status, delays in accessing medical care, and emergency department visits. It also estimates savings in selected health care costs that would accrue if paid sick days were available to all private sector workers. The study finds that 1.3 million hospital emergency department visits could be prevented in the United States each year by providing paid sick days to workers who currently lack access, reducing medical costs by $1.1 billion annually, with more than $500 million in savings for public health insurance programs. According to a 2012 IWPR fact sheet (#22), in New York City, where half of working New Yorkers (nearly 1.6 million employees) lack access to paid sick days, about 48,000 emergency department visits would be prevented annually with universal access to paid sick days for workers in the city, reducing health care costs by $39.5 million. IWPR research consistently shows that paid sick days would save costs to businesses and health care facilities and would have health benefits to families and communities. In 2013, paid sick days laws, informed by IWPR's series of cost-benefit analyses, were passed in Portland (OR) and New York City.

## Breastfeeding

The 2010 Affordable Care Act (ACA) includes breastfeeding protections that establish the rights of new mothers who are nonexempt employees to reasonable break times and private space to express breast milk at work until a child is one year of age. IWPR's 2010 report, Better Health for Mothers and Children: Breastfeeding Accommodations under the Affordable Care Act (#23) estimates that provisions in the ACA will increase the proportion of working mothers who breastfeed their children up to the age of six months from 43.5 to 47.5 percent. Consequently, across six years one million additional mothers and their children will benefit from health gains due to increased breastfeeding, such as protection from childhood leukemia and diabetes. IWPR researchers presented these findings at the 3rd Annual Breastfeeding Summit in June 2011. Additional IWPR research on breastfeeding, with support from the W.K. Kellogg Foundation, examines the cost structure of the Women, Infants, and Children (WIC) program, analyzing how food package costs to the program would be affected by increases in breastfeeding rates among participating mothers. The analysis finds that attainment of the "Healthy People 2020" targets for higher breastfeeding rates in the United States would likely result in a reduction in WIC food package costs; these findings were published in an IWPR report (#24) and as an article in the October 2011 issue of *Breastfeeding Medicine* (#25), a journal of the Academy of Breastfeeding Medicine.

## Elder and Long-Term Care: The Costs and Benefits of InHome Supportive Services

IWPR, in partnership with the Paraprofessionals Health Institute (PHI) published "Costs and Benefits of In-Home Supportive Services for the Elderly and Persons with Disabilities: A California Case Study" (#26; 2010), which informed California state policymakers on policy alternatives for care of the elderly and others requiring in-home care. The briefing paper summarizes the conclusions of the California Legislative Analyst's Office (LAO) report from January 2010, which argued that the in-home support services (IHSS) program is just barely cost-effective to the state, and supported the governor's proposal to cut such services. IWPR's analysis shows that some of the LAO's assumptions are improbable, presents an alternative set of assumptions, then re-estimates the relative benefits of the IHSS program. Finally, it considers the savings to the state if, instead of cutting all or part of the IHSS program, the state transitioned one-third of nursing home residents back into the community and into their homes. The study concludes that California could save nearly $300 million per

year in general fund expenditures on Medicaid long-term care services for the elderly and persons with disabilities. For other states, as well, cutting home- and community-based services would weaken their long-term care programs. These cuts would cost programs more in the long run while burdening families to provide unpaid care. This shift would be a reversal of the trend toward increased access to paid care that has made it possible for more women to join and remain in the workforce. As the U.S. population ages, the demand for care will grow and in-home care can be a cost-effective way to meet those needs.

## Conclusion

IWPR's treatment of a large range of issues related to health and safety will likely grow in the years to come as awareness of these issues' impact on women and girls increases around the world. Sexual assault and intimate partner violence are increasingly met with global outrage and mass action targeted at changing policies and practices that allow it to occur. Public health advances in developing countries and the Affordable Care Act in the United States are also changing the health care environment, and research will be needed to learn how women are faring and where gaps remain. As awareness of the importance of such issues as workplace safety, sexual harassment, and supports for mothers in the workplace continues to expand, and a world-wide focus on the reproductive health of women is renewed, demographic and societal trends will also play a role in shaping policy discourse and identifying new and continuing research needs. Moreover, the increased diversity of the U.S. population and the aging of the population both in the United States and in many other countries will continue to present issues concerning access to and the cost and quality of health care that policy analysts and policymakers must address.

**This Research-in-Brief is one in a series of publications highlighting IWPR's most significant research contributions to policy issues affecting women across IWPR's twenty-five year history.**

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