

Women's Health: Overview

Women comprise 50.8% of the U.S. population and have specialized biological and psychosocial attributes that necessitate specialized care. Women's health is comprised of three main dimensions:

- Primary Gynecological Care: this refers to the care provided by primary care physicians and gynecologists and concentrates on the health and function of biological structures and processes unique to women.
- Obstetric and Maternal Care: this refers to the care provided to pregnant women during the prenatal period, gestation, and immediately after birth.
- Family Planning and Fertility Control Care: this refers to care provided to women as it pertains to their ongoing control of their fertility, contraception, and family planning.

These three main dimensions capture the specialized portion of women's healthcare in our nation and all three contain a dimension of inequity and uneven distribution in this country. Given their major proportion in our demographics, it's clear to see that unmet healthcare needs of women will affect our nation as a whole. Other care deserts, such as primary care deserts and pharmacy care deserts, impact women's health as well, considering their widespread effect on morbidity and mortality for all genders.

Women's Health in the United States: Deserts and Disparities

As alluded above, women's health care in the United States, in all three dimensions defined, currently contains both inequities and disparities in resource allocation and access.

Primary Gynecological Care:

- According to a 2017 study by the American College of Obstetrics and Gynecology (ACOG), 49% of U.S. counties lack a single practicing OB/GYN within their geographic limits, an area with a population of over 10 million American women (1).
- An effect of this disparity was observed through a study by Yu, Sabatino & White (2019) which found cervical cancer incidence (prevented by screening and access to gynecological care) was higher in rural women than urban women (2).
- Racial disparities also exist as the same study found Hispanic and non-Hispanic Black Women showed greater incidence of advanced cervical cancer, also prevented through regular screening and surveillance (2).

Obstetric and Maternal Care:



- Disparity in access is also present in obstetric care in our nation, with an estimated 2.2 million women living in counties with no prenatal or obstetric care, and an additional 4.8 million living in near-deserts (3).
- The outcomes of this imbalance are not hard to see: The United States has a maternal mortality rate that is five times greater than Germany and four times greater than Sweden (4).
- An additional burden among Native American and Black women is present as they are 2-3 times more likely to experience pregnancy-related mortality compared to White women (5).

Family Planning and Fertility Control Care:

- An often overlooked and contentious dimension of women's health has been access to contraceptives and family planning services, despite significant research showing that access to family planning control leads to increased female status throughout society (6).
- Maternal age at first birth, the spacing between births, and the number of children born can affect women's labor force participation, educational attainment, and decision-making power (7).
- Access to contraceptives is a cost-effective service which has the potential to save the U.S. health care system about \$6 for every \$1 spent (8).
- Yet, significant barriers exist for women accessing these services throughout the United States, with 13% of American women who need birth control stating that they cannot access it. Racial disparities are also present, with 22% of Hispanic women, for example, reporting the need for birth control and the lack of access to services (9).
- Approximately 19.2 million women in need of contraceptive services live in contraceptive deserts. Additionally, nearly 1.2 million women have no access to a health center that provides comprehensive methods of contraception (15).
- Access to abortion services, another key aspect of family planning, shows significant imbalances throughout the United States, with 90% of U.S. counties lacking an abortion provider (10).
- Inadequate abortion access is not just a rural issue, with 27 major U.S. cities also within abortion deserts, where women must travel over 100 miles to access these services (11).

Women's Health Access: Effects of These Disparities and the Future

The effects of these structural and socio-economic inequities and disparities on women's health care is not hard to surmise. Uneven distribution of resources has a discernible and deleterious effect on:

- Cancer screening
- HPV vaccination
- Prenatal Care
- Neonatal Mortality and Morbidity



- Maternal Mortality and Morbidity
- Access to contraception
- Access to abortion services

Inadequate access to women's health care could lead to undiagnosed conditions and therefore the exacerbation of chronic health issues, reducing their ability to work and lead a normal life (12). This also means spending more on care for late-stage illnesses that were identified later in life due to delayed/inadequate access to screening.

These issues will be further compounded by a shrinking workforce, as the ACOG forecasts a mismatch in services needed and the ability to provide these services, as over a third of all practicing OB/GYNs are over the age of 55 and thus nearing retirement (1).

Recent political developments have also cast their shadow over this issue, as a recent Supreme Court leak shows that federal guarantees for abortions in the first trimester, as codified by Roe v Wade (1973) may be coming to an end (13). The effects of this ruling in an already fragile and unequal landscape of healthcare access to women remains to be seen.

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Our Woman's Health Care Desert analysis identifies the locations in the United States where women's health care resources are severely deficient and may constitute a significant barrier to care for millions of Americans. This analysis, part of our wider Care Desert series, is a first and important step in increasing the awareness of our policy makers to this often, under publicized problem.

If you're interested in contributing to this effort, please contact us at Impact@HSR.health.



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