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What about Her? – Assessing Social Determinants of Health Among Women of Reproductive Age

Key Takeaways

Planned Parenthood Federation of America (PPFA) conducted a survey among 1627 women of reproductive age, living at or below 300% of the federal poverty level (FPL), to assess their SDOH-related needs, as well as their comfort discussing such needs with different providers.

More than two-thirds of women of reproductive age say it is very or somewhat hard to pay for the very basics, such as food, medical care, housing, and heating.

While the types of social needs among women of reproductive age varies, the most commonly reported areas of need for assistance are: having enough food for themselves or their family; support with utilities (such as heating or electricity); transportation assistance; employment assistance or help finding a job; child care support; and housing/having a steady place to live. Women of color are more likely to report needing support with social needs.

About half of women of reproductive age report being very or somewhat comfortable discussing their SDOH-related needs within the health care setting, such as with a PCP, a general practitioner, or a Planned Parenthood provider.

Notably, respondents reported similar comfort levels in discussing SDOH-related needs with a Planned Parenthood provider as discussing needs with a PCP or other general health care provider. Women of color report being more comfortable discussing SDOH-related needs with a Planned Parenthood provider when compared to white women.

What are Social Determinants of Health?

The social determinants of health (SDOH), defined by the World Health Organization as the "conditions in which people are born, grow, live, work, and age, and the wider set of forces and systems shaping the conditions of daily life" have become a frequently discussed concept in the areas of health and social services.[1] Accounting for more than 80 percent of a person's health status, SDOH are far-reaching, and include factors such as safe and affordable housing, access to education, public safety, the availability of

1 World Health Organization (WHO). About Social Determinants of Health. Accessed June 1, 2020 http://www.who.int/social_determinants/sdh_definition/en/

healthy foods, local emergency/health services, and environments free of harmful toxins."[2] It is important to consider that while sometimes SDOH are discussed, researched, and pursued independently from racism, discrimination, and inequality, they are, in fact, intertwined. The World Health Organization elaborates on SDOH to recognize that, "these circumstances are shaped by the distribution of money, power and resources at global, national and local levels. The social determinants of health are mostly responsible for health inequities – the unfair and avoidable differences in health status seen within and between countries."[3]

Indeed, as health care costs in the United States continue to rise and inequities in health care access and outcomes continue to widen, merely focusing on the clinical aspects of health has proven to be insufficient. It has become increasingly clear that, in order to effectively address disparities in health care, industry leaders must take steps to understand and direct resources toward the specific needs that arise from social conditions.[4] There is a growing interest in the opportunity to address SDOH, including assessing individual level SDOH-related needs within the health care setting.

As one of the nation's leading providers of high-quality sexual and reproductive health care, Planned Parenthood is committed to understanding how the SDOH impact women of reproductive age, and the ways in which the health care system can support women of reproductive age in both assessing and addressing their SDOH-related needs.

2 Office of Disease Prevention and Health Promotion (ODPHP). Accessed June 1, 2020. https://www.healthypeople.gov/2020/topics-objectives/topic/social-determinants-of-health

3 World Health Organization (WHO). About Social Determinants of Health. Accessed June 1, 2020 http://www.who.int/social_determinants/sdh_definition/en/

4 Magnan, S. 2017. Social Determinants of Health 101 for Health Care: Five Plus Five. NAM Perspectives. Discussion Paper, National Academy of Medicine, Washington, DC.

SDOH Uniquely Impact Women

Despite the fact that women account for more than half of the population and drive the majority of health care decisions, there is little conversation across the industry about the ways they are uniquely affected by SDOH.[5] A few examples include:

Economic Security:

- On average, women make 82 cents for every one dollar men make. This gap is even more significant for Latina, Native American, and Black women who make between 54 and 62 cents for every dollar paid to white, non-Hispanic men.[6]

- When mothers have less money to support their families, they are forced to choose between essential resources like housing, childcare, food and health care.[7]

Caregiving:

- 41 percent of mothers are the sole or primary breadwinners for their families (earning at least half of their total household income) and are more likely to be overrepresented in low-wage jobs.[8]

- Women who earn low wages are more likely to lack adequate childcare, have limited transportation options, and have more difficulty getting time off work, which can lead to missed medical appointments and delay in seeking medical care.[10]

Health/Health Care Access:

- Black women are more likely to be uninsured than non-Hispanic white women, have more financial barriers when seeking health care services, and are less likely to receive prenatal care.9

- For women of color, structural inequality, discrimination, and systemic racism have been shown to have severe effects on the health care experience; and are linked to disparities in the rates of cancer, HIV, sexually transmitted infections (STIs), and mortality during pregnancy and childbirth.10

- As health care stakeholders continue to explore opportunities to address SDOH within the health care setting, it is critical that they do so with a population-specific lens. This means considering innovative ways to address the specific SDOH-related needs among women of reproductive age, particularly women of color who often face even worse SDOH-related barriers as a result of systemic racism.

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5 U.S. Census Bureau, 2014-2018 American Community Survey 5-Year Estimates; U.S. Department of Labor. General Facts on Women and Job Based Health. https://www.dol.gov/sites/dolgov/files/EBSA/about-ebsa/our-activities/resource-center/fact-sheets/women-and-job-based-health.pdf

6 National Partnership for Women and Families. Quantifying America's Gender Wage Gap by Race/Ethnicity. March 2020.

7 National Partnership for Women and Families. Black Women's Maternal Health: A Multifaceted Approach to Addressing Persistent and Dire Health Disparities-Issue Brief. April 2018.

8 Glynn, S.J. Breadwinning Mothers Are Increasingly the U.S. Norm. Center for American Progress, May 10, 2019. https://www.americanprogress.org/issues/women/reports/2019/05/10/469739/breadwinning-mothers-continue-u-s-norm/

9 Kaiser Family Foundation. Women's Coverage, Access, and Affordability: Key Findings from the 2017 Kaiser Women's Health Survey. Mar 2018.

10 Prather, C., Fuller, T. R., Jeffries, W. L., 4th, Marshall, K. J., Howell, A. V., Belyue-Umole, A., & King, W. Racism, African American Women, and Their Sexual and Reproductive Health: A Review of Historical and Contemporary Evidence and Implications for Health Equity. Health equity, 2(1), 249–259. https://doi.org/10.1089/heq.2017.0045

Survey Overview

Given the lack of research and fundamental understanding of the SDOH-related needs among women of reproductive age, Planned Parenthood Federation of America conducted a survey designed to assess the SDOH-related needs of women of reproductive age, and their levels of comfort discussing such needs in health care settings.

The survey was conducted in 2019 using a nationally-representative panel and focused on 1627 women of reproductive age (18-44 years old) living at or below 300 percent of the federal poverty level (FPL). The sample was split evenly among Black, Hispanic, Asian/Pacific Islander, and white respondents.

Survey Findings: SDOH-Related Needs Among Women of Reproductive Age

Women of reproductive age living at or below 300% FPL report difficulty with paying for basic necessities and a significant minority reported non-medical needs that could influence their health or ability to access health care.

Women of reproductive age face challenges in paying for basic necessities. Two-thirds (67 percent) of the respondents noted difficulty in paying for food, housing, medical care, or heating.

Women of reproductive age need and want support with SDOH-related needs. Most commonly reported areas of need are:

- Having enough food for themselves or their family (23 percent);
- Utilities (17 percent);
- Transportation (17 percent);
- Employment or help finding a job (15 percent);
- Childcare (12 percent); and
- Housing/having a steady place to live (8 percent).

Black, Asian/Pacific Islander, and Hispanic women of reproductive age are more likely to report needing SDOH-related support in many areas:

- Black women of reproductive age report the highest need for SDOH support in all surveyed areas except for intimate partner violence (IPV), where non-Hispanic white women report the highest rate of need for support.
- Asian/Pacific Islander women of reproductive age report lower need for support with childcare and utilities, and are more likely than other women of color to report support needs related to IPV.

Women of reproductive age report being generally comfortable discussing their SDOH-related needs within the health care setting.

- Roughly half of women of reproductive age said they would be very or somewhat comfortable talking about such needs with a primary care provider (PCP) or other general health care provider, depending on the area of need.

Regardless of having ever been to a Planned Parenthood health center before, women of reproductive age report similar comfort levels in discussing their SDOH-related needs with a Planned Parenthood provider as discussing their needs with a PCP, or other general health care provider.

- Women of reproductive age who had been to a Planned Parenthood health center before were more likely to report comfort discussing their SDOH-related needs with a Planned Parenthood provider.

- Women of color were more likely to report comfort discussing their SDOH-related needs with a Planned Parenthood provider when compared to white women.

- Women with lower annual incomes were more likely to report comfort discussing their SDOH-related needs with a Planned Parenthood provider as compared to women with higher annual incomes. This is particularly true among women of reproductive age with annual incomes less than $25,000 per year.[11]

11 Statistically different compared to women with income of $50,000 and above.

Survey Implications: Addressing the SDOH Needs of Women

Women of reproductive age living at or below 300 percent of the federal poverty level have high and varying SDOH-related needs, with disparities across race/ethnicity and other socioeconomic dimensions. As health care stakeholders seek to assess and address SDOH-related needs within the health care setting, there is an imperative to engage sexual and reproductive health care providers, like Planned Parenthood. This is a particularly important opportunity to address the needs of women of color, who report greater comfort in discussing their SDOH-related needs with a Planned Parenthood provider as compared to white women.

To effectively mitigate SDOH impacts on women of reproductive age, health care stakeholders must take steps to invest in the capacity of health care providers to assess and address SDOH-related needs. This includes the need for a particular focus on frontline sexual and reproductive health care providers, who often serve as the first and most frequent contact with the health care system for women of reproductive age.

Immediate steps for policymakers include:

1. **Meaningfully engaging frontline sexual and reproductive health care providers, like Planned Parenthood.** It is critical that providers like Planned Parenthood are engaged at the front-end of any conversations relating to health care redesign, including within local and national committees and task forces.

2. **Reforming care delivery in a way that explicitly addresses the SDOH-related needs of women of reproductive age.** Community-clinical partnerships must be a standard of care delivery, and emerging models of care must invest in and create pathways for frontline providers, like Planned Parenthood, to support care coordination efforts.

3. **Aligning payment structures to account for SDOH.** Providers and community partners must have access to the resources required to appropriately address SDOH-related needs – this requires both investment in community partners, as well as appropriate reimbursement for providers.

By taking the steps to address SDOH-related needs for specific populations today, a more equitable health care system can exist tomorrow.