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Facing the Crisis in Women's Health Care

DIAGNOSING Women's Health Care

by Alina Salganicoff

Health-care costs are skyrocketing. And for the 17 million uninsured women in the United States who suffer disproportionately, the prognosis isn't good. It's time to get serious. This social ill isn't going to cure itself.

Women's health has made tremendous progress in a generation, yet the mainstream medical and policy communities still often fail to recognize the special challenges that many women face in affording and accessing comprehensive health care.

Women live longer, are more likely to have chronic health problems, and use more health-care services over the course of their lives than men. Their interactions with the health system are shaped by their reproductive health concerns, as well as their roles managing the health of their families — doing everything from making sure their children go to the pediatrician to caring for ailing parents, often at great economic and emotional cost.

Overall, two-thirds of 18- to 64-year-old adults are insured through the workplace. However, a woman is less likely to be insured through her own job and twice as likely to be covered as a dependent. When this is the case, she risks losing her coverage if she divorces, is widowed, or her spouse becomes unemployed. Her coverage relies on her husband's employer, which could drop family coverage, raise premiums, or increase out-of-pocket costs to unaffordable levels.

According to Kaiser Family Foundation research, premiums have risen 73 percent since 2000, outpacing both inflation and wage increases. In 2005, the average annual premium for a family of four was $10,880, with workers contributing $2,713. Disturbingly, cost pressures have become barriers to health care — even for women with private insurance. In 2004, one in six privately insured women said she postponed or went without needed care because she could not afford it, according to a national Kaiser Foundation survey.

Moreover, the number of uninsured women is growing, and this translates into poorer health outcomes for rising numbers of women. There are 17 million uninsured women, according to the US Census. And although we have more tools for early detection than ever before, these women are much more likely to go without needed care. They often fall far short of meeting recommended levels of preventive care like mammograms and pap smears.

Of the 92 million women in the United States ages 18 to 64,
19 percent do not have insurance.

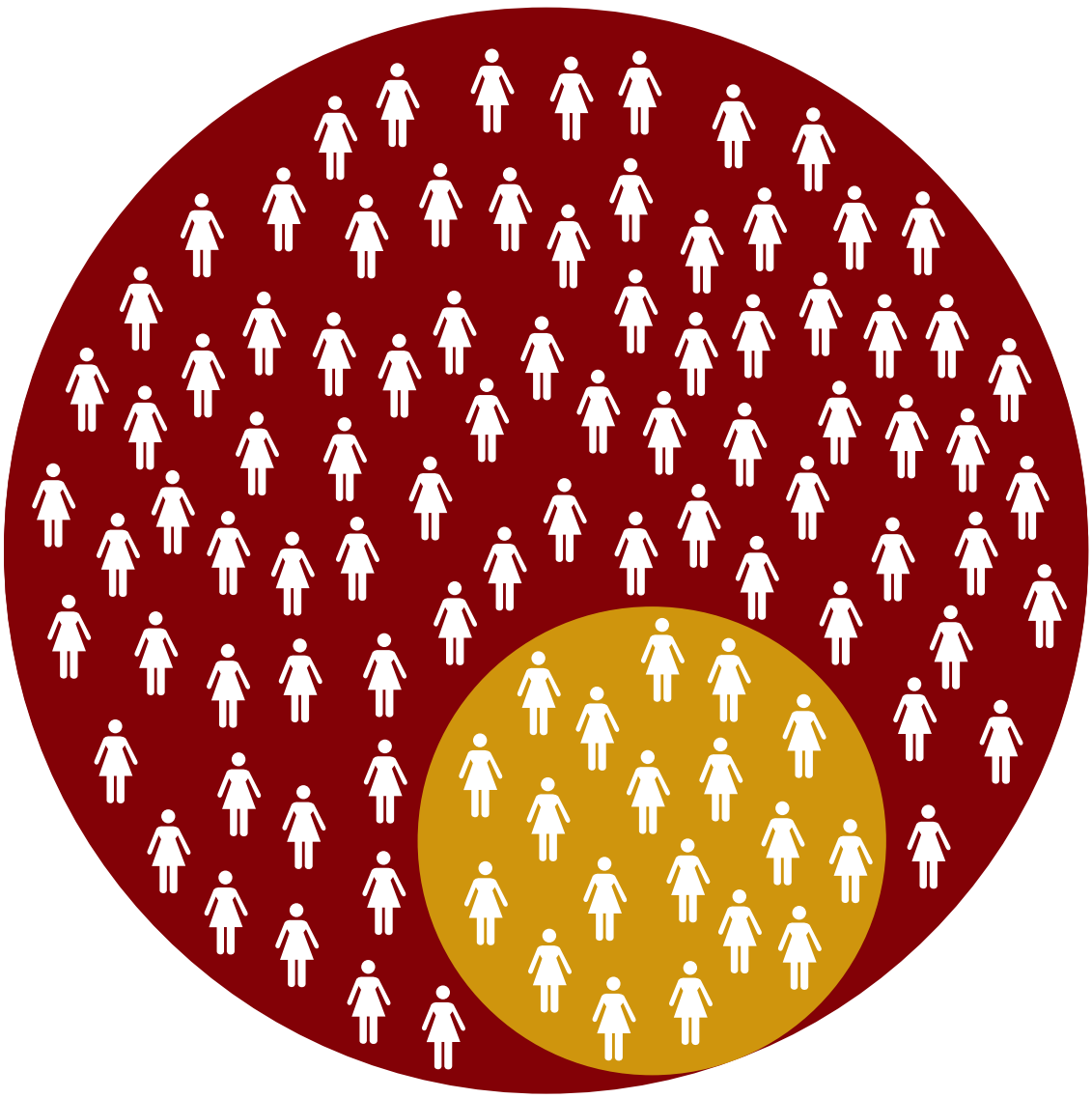
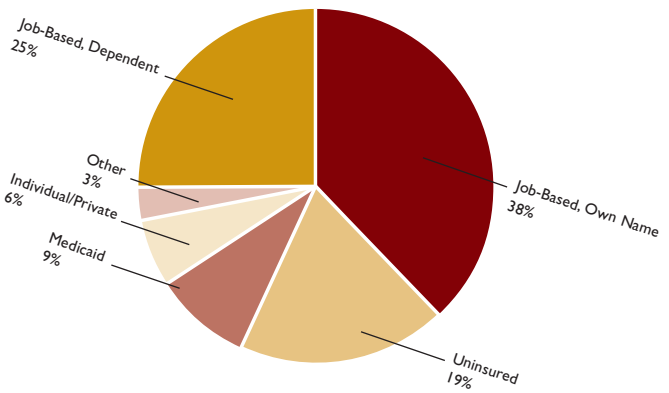


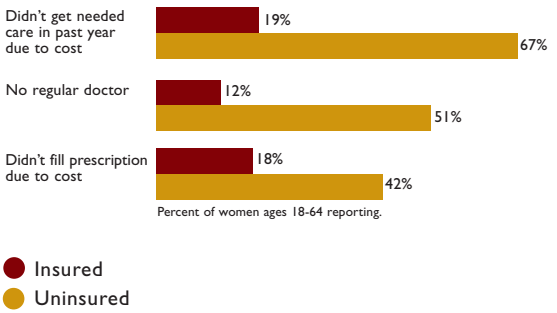
Illustration based on the Kaiser Family Foundation/Urban Institute analysis of March 2005 Current Population Survey, Bureau of Census.

Women's Health Coverage



Note: Other includes Medicare, Champus, and other sources of coverage.
Courtesy of the Kaiser Family Foundation/Urban Institute analysis of March 2005 Current Population Survey, Bureau of Census.

Barriers to Care, by Insurance Coverage



Courtesy of the Kaiser Family Foundation, 2004 Kaiser Women's Health Survey.

Uninsured patients with breast cancer, colorectal cancer, and melanoma — who typically do not get necessary preventive care, early diagnosis, or treatment — die sooner than those with coverage. And uninsured patients who are hospitalized for heart attacks are treated less aggressively and are more likely to die than those with coverage.

In fact, an Institute of Medicine study found that an estimated 18,000 people die unnecessarily each year because they do not have insurance. These calculations, however, fail to capture the unnecessary pain and disability endured by people who lack the coverage or money to get needed care. While many think that the uninsured can turn to public clinics and hospitals, communities often lack these resources and, where they do exist, they cannot compensate for true health coverage.

For many women, publicly funded programs like Medicaid and Medicare are critical safety nets. Medicaid, the state and federal program for the poor, is a vital source of coverage for millions of poor women of all ages. Nearly three-quarters of adults on the program are women. It foots the bill for 40 percent of births, over half of publicly funded family planning, and half of nursing-home care. Program eligibility is limited, however, to those who are low-income and disabled, mothers, pregnant, or 65 or older. Other women typically do not qualify, no matter how poor they are.

Unfortunately, the truth is that it is very costly to serve the sickest, poorest, and most disabled of our society, and as policymakers look for ways to control government spending, Medicaid is often a target. Recent federal legislation has cut funding for the program and made policy changes that will give states far more latitude to charge their low-income beneficiaries higher premiums and co-payments.

Like Medicaid, Medicare is also essential for older women and those with disabilities. Because women live longer than men, they account for more than half of the program's beneficiaries and nearly three-quarters of those 85 and older. For many older women, poor health is exacerbated by economic hardship: A lifetime of lower earnings and time off from the workforce to care for family members translates into lower Social Security and pension payments. And because older women have disproportionately lower incomes, even with the new Medicare drug benefit, the out-of-pocket costs — including premiums, cost-sharing, and co-payments — can be troublesome, especially for those without supplemental coverage.

Despite the gravity of the cost and coverage gaps faced by millions of Americans, most of the proposals being actively considered by policymakers would make only modest changes in coverage. In recent years, some policymakers and employers have begun to embrace so-called "consumer-directed" models such as high-deductible health plans coupled with tax-protected health savings accounts that would pay for expenses not covered by the plan. Proponents claim that consumers will make better and more economical choices if they have to pay directly for health services. But such arguments rely on the assumption that access to information about health quality and costs will improve significantly.

These plans may work adequately for people with limited needs, but individuals with chronic illnesses or unexpected expenses could find themselves facing extremely high out-of-pocket costs. There are unanswered questions about the extent to which these plans will cover key women's expenses, such as maternity care. And because many women have low incomes, they are less likely to be able to afford to add to their health accounts beyond their employers' contributions, leaving them potentially exposed to additional expenses.

It is no wonder that health care is a driving force in how women vote. In the days ahead, as Americans consider proposals that promise to improve coverage and control rising costs, it is crucial that we examine them through a women's lens.

Many women aged 18 to 64 have not received lifesaving screening tests in the past two years. Uninsured women, in particular, face alarming odds.

Note: mammogram among women 40–64; colon cancer screening among women 50–64.
Courtesy of the Kaiser Family Foundation, 2004 Kaiser Women's Health Survey.

This article originally appeared in the *Summer 2006 NCJW Journal — Facing the Crisis in Women's Health Care*. The National Council of Jewish Women is a volunteer organization, inspired by Jewish values, that works to improve the quality of life for women, children, and families and to ensure individual rights and freedoms for all through its network of 90,000 members, supporters, and volunteers nationwide. To learn more, log on to www.ncjw.org.