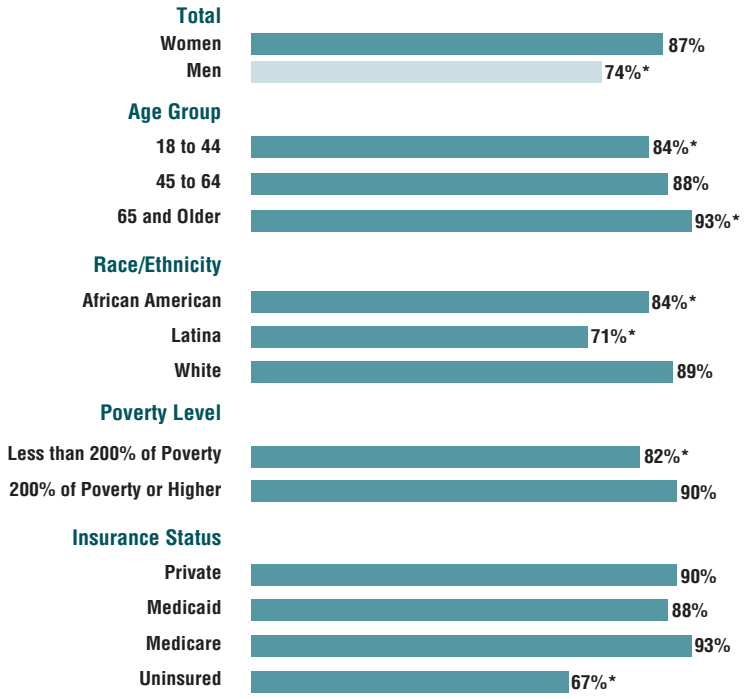
CHAPTER 4: WOMEN'S ACCESS TO HEALTH CARE

Women have a different relationship to the health care system than men. Women are more likely to use health care services because of their health status, higher incidence of chronic health problems, and lifetime need for reproductive and related services.[6] There are also considerable differences in how different groups of women use the health care system that are driven by economic factors, age, and health status and health needs. Many women experience a range of barriers to care that are logistical and economic in nature. These include lack of coverage or coverage that is not comprehensive, out-of-pocket charges, restrictions on physician choice, and lack of time due to competing family and work responsibilities. Such barriers can impede access to timely and necessary preventive, diagnostic, and treatment services.

Chapter 4 discusses women's access to care and utilization of services, specifically their visits to various providers, utilization of screening services, reasons for delaying care, access to physicians, and use of prescription drugs.

Exhibit 4a

Provider Visit in Past Year, by Selected Characteristics, Women Ages 18 and Older



*Significantly different from reference group (Women, 45 to 64, White, 200% of poverty or higher, Private), p <.05.
Note: 200% of the federal poverty threshold was $29,552 for a family of three in 2004.
Data source: *2004 Kaiser Women's Health Survey,* Kaiser Family Foundation.

The vast majority of women (87%) have had at least one visit to a health care provider in the past year, a higher rate than that of men (74%). While there is no specific guidance on how often one should go to the doctor, a visit to a health care provider in the past year is an indication of some level of access to the health care system.

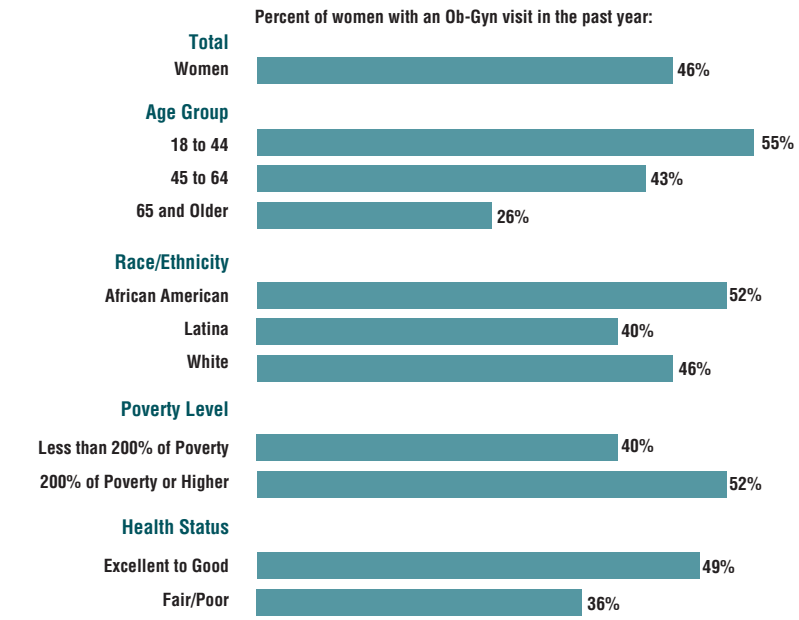
As women age, they are more likely to have a health problem and are therefore more likely to have a medical visit—with nearly all older women (93%) reporting a visit in the past year.

Latinas, who as a population are younger and more likely to be uninsured, are less likely to have had a provider visit compared to white and African American women. Despite their poorer health status, low-income women have lower rates of a provider visit than higher-income women. This could also be due to insurance coverage and general problems with health care affordability and availability.

The importance of coverage in influencing use of health care services is also evident—uninsured women are the least likely to have had a provider visit in the past year (67%) compared to women who are insured—regardless of the type of coverage.

Exhibit 4b

Gynecological Care, by Selected Characteristics, Women Ages 18 and Older



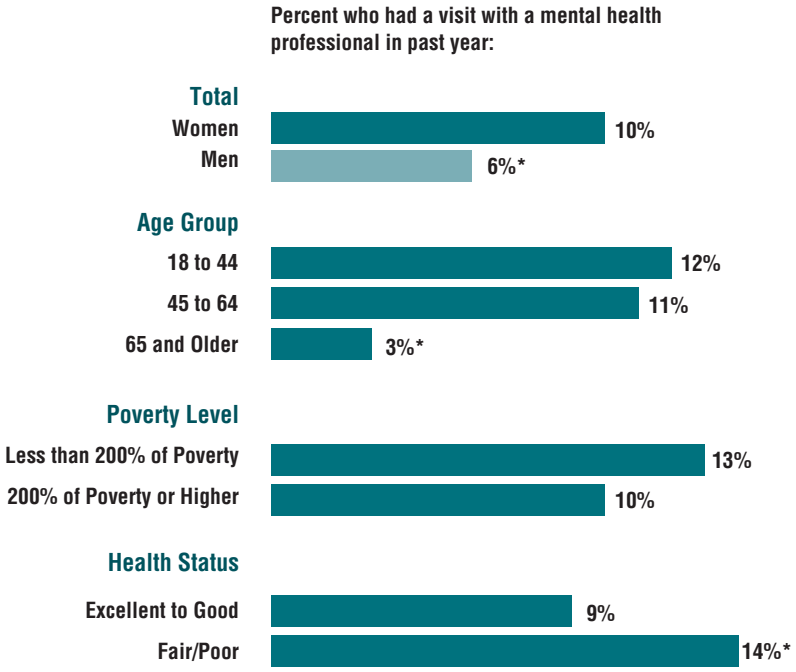
200% of the federal poverty threshold was $29,552 for a family of three in 2004.
Data source: *2004 Kaiser Women's Health Survey,* Kaiser Family Foundation.

About one-half of women have seen an Ob-Gyn in the past year. Reproductive care is an important component of care for women. Not surprisingly, younger women are more likely to have had an Ob-Gyn visit, reflecting the fact that they are in their peak reproductive years and have greater need for obstetric care and family planning.

Despite greater health needs, low-income women and women in poor health are less likely to have had an Ob-Gyn visit in the past year than women who are higher income or in better health.

Exhibit 4c

Mental Health Care, by Selected Characteristics, Women Ages 18 and Older



Note: Includes visits to psychiatrist, therapist, counselor, and other mental health providers.
200% of the federal poverty threshold was $29,552 for a family of three in 2004.
*Significantly different from reference group (Women, 45 to 64, 200% of poverty or higher, Excellent to good), p <.05.
Data source: *2004 Kaiser Women's Health Survey,* Kaiser Family Foundation.

Only one in 10 women report a visit with a mental health professional, such as a psychologist or psychiatrist, in the past year. Mental health care is often overlooked as a women's health care issue. These low use rates could be related to the considerable stigma that still surrounds mental health, lack of proper screening and identification, and poor coverage by insurance—both private and Medicare.[7]

Only a very small fraction (3%) of senior women have had a visit with a mental health professional in the past year. While older women have lower rates of depression and anxiety, it is not clear whether their lower use of mental health services reflects unmet need for mental health care, or whether they are more likely to receive counseling and guidance from other sources, such as social services agencies or clergy.

Women in fair or poor health, who may be struggling with a broad range of health issues, are more likely to have seen a mental health provider (14%) than women in better health (9%).

Exhibit 4d

Screening Tests, by Age Group and Insurance Status, Women Ages 18 and Older

Percent of women reporting they received screening test in past two years:

		Age Group			Insurance Status			
Screening Test	**All**	**18 to 44**	**45 to 64**	**65+**	**Private**	**Medicaid**	**Medicare**	**Uninsured**
Physical/clinical breast exam	75%	72%*	80%	74%*	81%	73%*	74%*	51%*
Mammogram (ages 40 and older)	70%	~	73%	74%	74%	~	73%	40%*
Pap smear	73%	78%*	73%	56%*	80%	84%	59%*	59%*
Colon cancer (ages 50 and older)	38%	N/A	35%	43%*	36%	~	44%*	~
Blood pressure	89%	85%*	92%	97%*	92%	88%	95%	72%*
Blood cholesterol	62%	49%*	74%	76%	63%	57%	77%*	38%*
Osteoporosis (ages 45 and older)	37%	N/A	35%	41%	38%	~	41%	15%*

* Significantly different from reference group (45 to 64, Private), p <.05.
N/A - Were not asked question.
~ Sample size too small for reliable estimate.
Data source: *2004 Kaiser Women's Health Survey,* Kaiser Family Foundation.

Screening rates for women still fall short of some recommended guidelines and public health goals. The early detection of disease through screening paves the way for prevention and early treatment of more costly and damaging conditions.

For breast and cervical cancer screenings, the rates are generally higher than for other screening tests. However, many women still do not get mammograms at recommended intervals—every one to two years for women 40 and older.[8] Around three-quarters of women have had a clinical breast examination, a mammogram, and a pap smear in the past two years. The large exception within this group is among uninsured women whose rates are considerably lower.

Among women ages 50 and older, only 38% have been screened in the past two years for colon cancer, with screening rates increasing with age, going from 35% of women ages 50 to 64, to 43% of women 65 and older.

Cardiovascular problems are leading causes of mortality and morbidity among women. While the vast majority of women (89%) have had a blood pressure check within the past two years, only six in 10 women (62%) have had a blood cholesterol screening test in the past two years. Screening rates are lowest among women ages 18 to 44.

Among women ages 45 and older, very few women have been screened for osteoporosis within the past two years —35% of women ages 45 to 64 and 41% of women 65 and older.

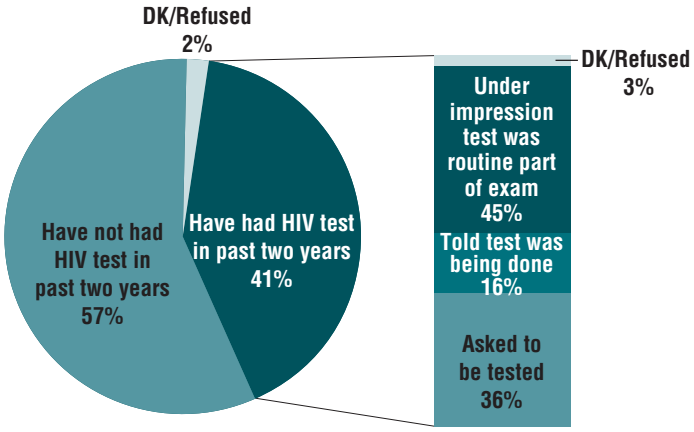
Across the board, uninsured women are consistently less likely than women with coverage to be screened.

Exhibit 4e

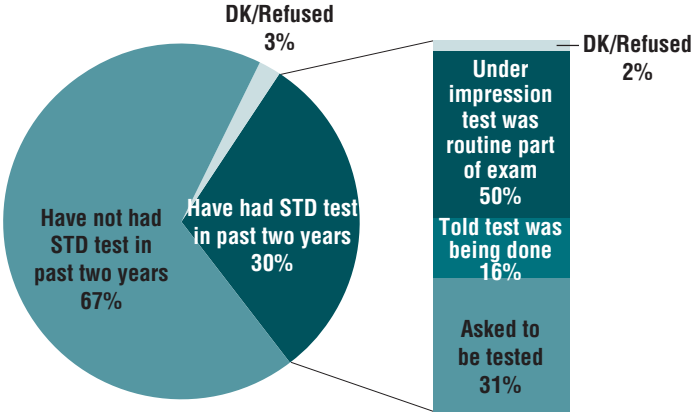
HIV and STD Testing, Women Ages 18 to 44

Percent who received test in past two years:

HIV Testing



STD Testing



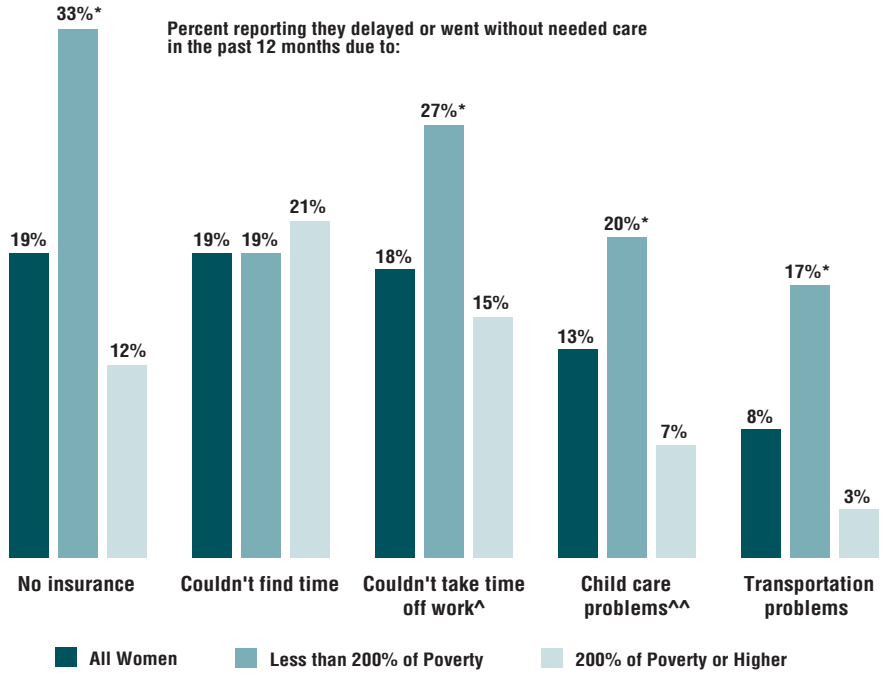
Data source: *2004 Kaiser Women's Health Survey,* Kaiser Family Foundation.

Testing rates for HIV and sexually transmitted diseases (STDs) are still low for women of reproductive age. Among women ages 18 to 44, 41% report they have been tested for HIV and 30% report they have been tested for other STDs within the past two years.

Some women, however, may think they were tested for these health conditions when they were not. Among those who report being tested for HIV, approximately one-half say they were told the test was being done or asked to be tested. However, nearly one-half (45%) are under the impression that the test is a routine part of their examination. The HIV test, in fact, is not conducted routinely and requires patient consent before testing. Similarly, among women who report being tested for other STDs, about one-half base this information on their impression that tests are a routine part of the examination.

Exhibit 4f

Reasons for Delaying or Going Without Care, by Poverty Level, Women Ages 18 and Older



Note: 200% of the federal poverty threshold was $29,552 for a family of three in 2004.
*Significantly different from 200% of poverty or higher, p <.05.
^Among women who are employed. ^^ Among women with children younger than 18 years living in household.
Data source: *2004 Kaiser Women's Health Survey,* Kaiser Family Foundation.

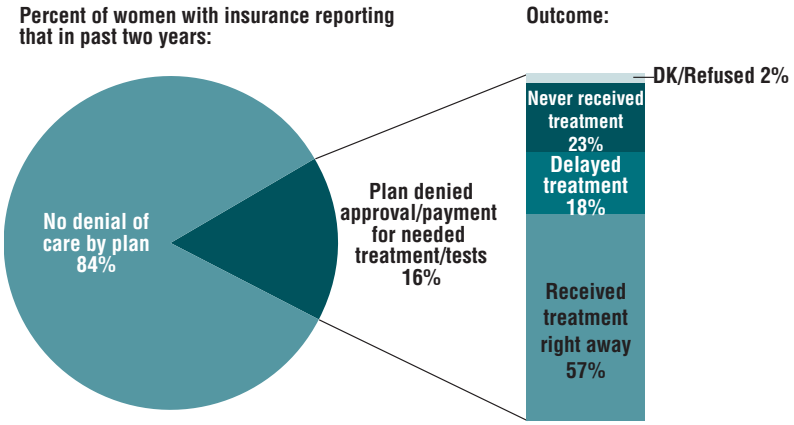
A sizable minority of women experience barriers to care that result in delays and forgoing care. While logistical barriers to care can affect all women, those with low incomes are disproportionately affected. One-third of low-income women indicate that lack of insurance affects their access to care, 2.5 times the rate of women with higher incomes.

Lack of time is a universal barrier for many women, with one in five saying that they delayed or went without care because they couldn't find the time, regardless of income.

Women's other responsibilities, such as their jobs and child care also compete with their own health care. Problems obtaining transportation and child care are also a barrier, particularly for many low-income women.

Exhibit 4g

Denial of Care by Insurance Plan, Women Ages 18 and Older

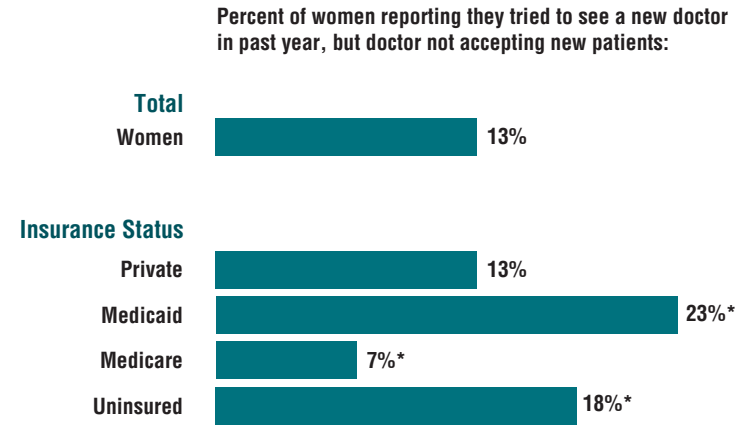


Data source: *2004 Kaiser Women's Health Survey,* Kaiser Family Foundation.

Almost one in six insured women (16%) report being denied approval or payment by their health plan for a health care service. Having coverage improves affordability of health care services, but it does not guarantee access to care or coverage for services. While most women eventually obtained care, 18% who were denied approval or payment delayed care and one-quarter (23%) never received the care.

Exhibit 4h

Access to New Doctors, by Insurance Status, Women Ages 18 and Older



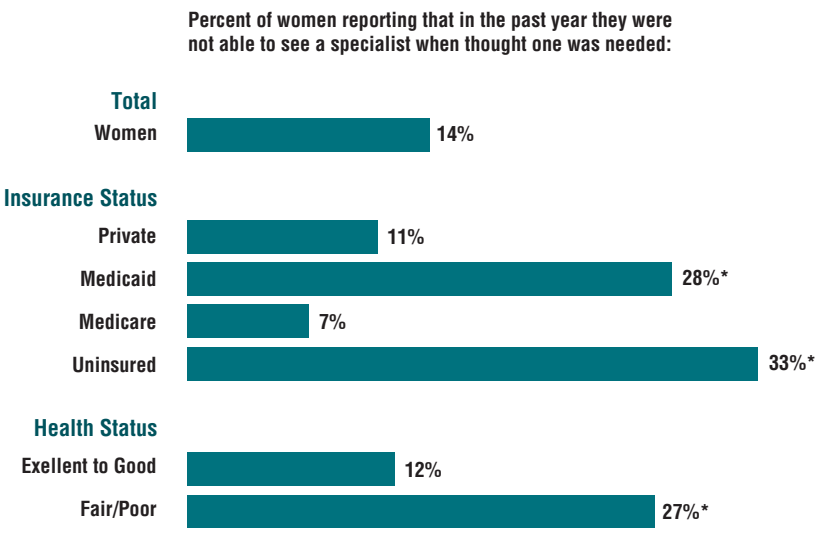
*Significantly different from private, p <.05.
Data source: *2004 Kaiser Women's Health Survey,* Kaiser Family Foundation.

Thirteen percent of women report they had tried to see a new doctor in the past year, but that the doctor was not taking new patients. Getting an appointment with a new doctor is often difficult, particularly in a timely way.

Provider availability particularly affects women with Medicaid, nearly one-quarter (23%) of whom report a problem getting an appointment with a new doctor. There have been longstanding problems with physician participation in Medicaid because of low provider payment rates, and it is often hard for women to find a doctor willing to accept Medicaid as payment. Getting an appointment with a new doctor is also a problem for 18% of uninsured women. Women with Medicare are the least likely to report problems finding a new doctor, likely due to nearly universal acceptance of Medicare by physicians.

Exhibit 4i

Access to Specialists, by Selected Characteristics, Women Ages 18 and Older



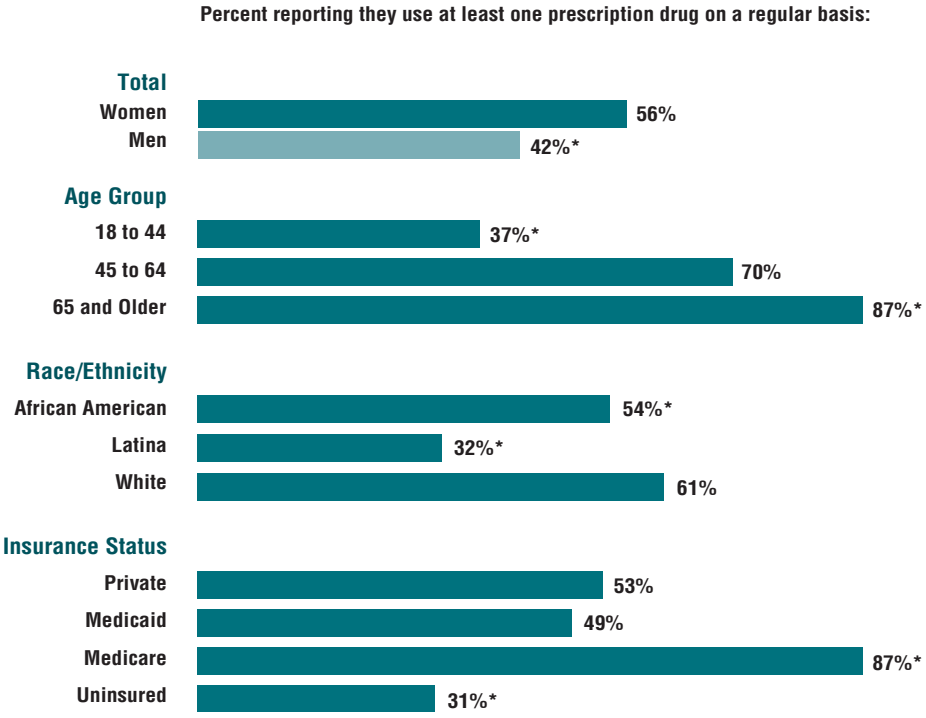
*Significantly different from reference group (Private, Excellent to good), p <.05.
Data source: *2004 Kaiser Women's Health Survey,* Kaiser Family Foundation.

Fourteen percent of women report that in the past year they were not able to see a specialist when they thought one was needed. This may be driven in large part by provider supply, specialty type, insurance status, and health plan policies. Access to specialists is an important aspect of women's care.

Uninsured women and those on Medicaid are three to four times more likely than women with private coverage or Medicare to encounter this problem. Over one-quarter of women in fair or poor health (27%) were not able to see a specialist when needed, twice the rate for women in better health (12%).

Exhibit 4j

Use of Prescription Drugs, by Selected Characteristics, Women Ages 18 and Older



*Significantly different from reference group (Women, 45 to 64, White, Private), p <.05.
Data source: *2004 Kaiser Women's Health Survey,* Kaiser Family Foundation.

Nearly six in 10 women (56%) take at least one prescription medication on a regular basis, a rate higher than that of men (42%). The difference in use rates by gender may be accounted for by women's higher rates of chronic conditions that require ongoing treatment (see Exhibit 2a), and their use of oral contraceptives and hormone replacement therapy.

Nearly four in 10 women ages 18 to 44 (37%) take prescription medicines on a regular basis. This rate rises to 70% of women ages 45 to 64 and almost nine in 10 older women (87%).

A wide range of factors in addition to health status contribute to women's use of prescription drugs. These factors include access to care, insurance coverage, health care experiences, cultural beliefs around medical care, and physician practice patterns. There are major differences in the use of prescription medicines by race/ethnicity; 32% of Latinas, 54% of African American women, and 61% of white women take prescription medicines on a regular basis.

Women with Medicare, who are mainly older, are the most likely to take prescription medicines and uninsured women the least likely.