

CHAPTER 8: CHANGES BETWEEN 2001 AND 2004

The Kaiser Women's Health Survey was initially conducted in 2001 and then expanded and repeated in 2004. During this period, the health sector did not experience any dramatic changes other than a continuing rise in the rate of health care costs. It is therefore not surprising that there were relatively few changes in women's health coverage and access to care between the 2001 and 2004 surveys. Of the changes that were observed, most were small with shifts of 5% or less. While modest, some are notable in that they may be suggestive of trends—both positive and negative—in the health status and access to care experienced by women. Since the 2004 survey was broadened to include women 65 and older, this section presents comparisons only for women ages 18 to 64.

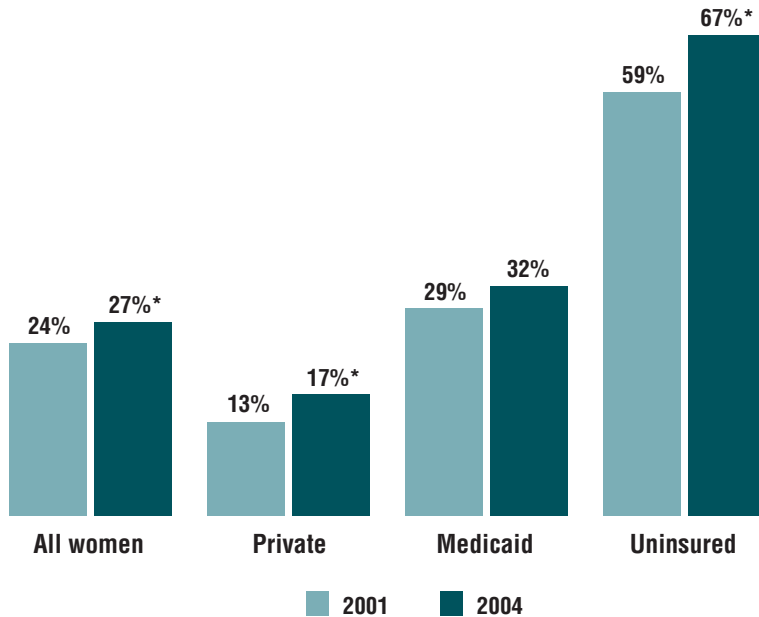
During the three-year period between the surveys, the impact of the aging population is evident through some of the findings on the health status of women. Between 2001 and 2004, prevalence of certain chronic conditions rose in the non-elderly population. Among the statistically significant changes were the rise in diabetes from 5% to 8% of non-elderly women; anxiety/depression from 21% to 24%; and obesity from 11% to 13%. There was also a slight rise in the share of women who are heavy users of physician care. In 2001, 13% of the women with at least one provider visit in the previous year had more than 10 visits; by 2004, this number had risen to 17% of women.

There are also signs that out-of-pocket expenses for care and obtaining preventive services may be difficult for a growing share of women. The rate of reported blood pressure checks dropped from 90% to 88% among non-elderly women, and there were also declines in mammogram and Pap smear rates. While the changes are modest, they do warrant further attention and research. There are many factors that affect the use of health care services and while there appears to be erosion in preventive service use even among women with insurance, they still fare considerably better than their uninsured counterparts.

Exhibit 8a

Changes in Affordability as a Barrier to Care, by Insurance Status, 2001 and 2004, Women Ages 18 to 64

Percent reporting they delayed or went without needed care in past year due to costs:



*Significantly different from 2001, $p < .05$.

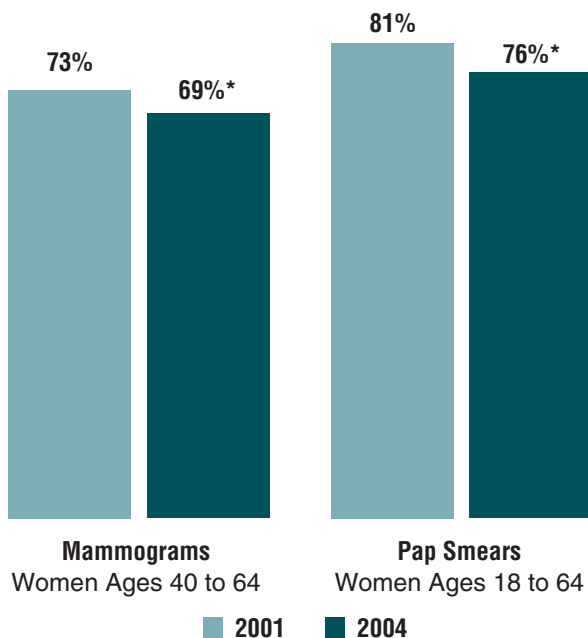
Data source: 2001 and 2004 Kaiser Women's Health Surveys, Kaiser Family Foundation.

In 2001, problems with affordability forced 24% of non-elderly women to delay or forgo needed health care. By 2004, this number had risen to 27%. This problem was particularly aggravated for uninsured women, 59% of whom reported that they delayed or went without care because of costs in 2001 and 67% who reported the same problem in 2004. This pattern was also evident, but to a lesser extent, among insured women where the share of women with private coverage (employer-sponsored or individually-purchased) who delayed or did not get needed care rose from 13% in 2001 to 17% in 2004.

Exhibit 8b

Changes in Mammography and Pap Smear Rates, 2001 and 2004

Percent screened in past two years:



*Significantly different from 2001, $p < .05$.

Data source: 2001 and 2004 Kaiser Women's Health Surveys, Kaiser Family Foundation.

Cancer screening rates for mammograms and pap smears fell between 2001 and 2004. Mammography rates for women 40 to 64 dropped from 73% in 2001 to 69% in 2004. Pap smear rates also fell from 81% to 76% for women ages 18 to 64 between 2001 and 2004. These trends also affected women with private coverage, with screening rates falling for mammograms and Pap smears, as well as clinical breast exams and blood pressure checks (data not shown). These changes could possibly be explained by a number of factors. There has been considerable media attention that has raised new questions about the accuracy of mammography in detecting early stage breast cancer. Furthermore, the guidance on mammography for women ages 40 to 49 is also ambiguous, with major breast cancer organizations and researchers in disagreement over the recommendations for this age group of women. While there is less disagreement about Pap smears, there have been some recent changes in recommendations, which are now based on risk and presence of other health conditions, rather than uniform guidelines based on age. While this is meant to improve the targeting of screenings and reduce unnecessary testing, this could be creating some confusion among women and providers.