

CONCLUSION

The findings of the 2004 Kaiser Women's Health Survey speak to both the strengths and weaknesses of the health system in meeting women's health needs. Most women are in good health, have insurance coverage, and access to health care services. However, a substantial minority of women cannot gain access to health care services because they are either uninsured or unable to keep up with the increasing costs of health services. In other cases, their poor health makes managing their treatment and addressing basic needs a difficult balancing act. For increasing shares of women, barriers to care attributable to cost are a growing problem.

Certain cross cutting issues emerge from the key findings of the survey:

Women's health needs and health care utilization patterns change and evolve as they age. Over the course of women's lives, their use of the health care system reflects their changing health needs, shifting from a focus on reproductive health in their younger years to an emergence of more chronic illnesses in the middle years, to higher rates of disability and physical limitations during the senior years. This is evidenced by more doctor visits among seniors, increased use of medications as women age, and shift in provider specialties from ob-gyn to other specialties. Chronic illness is not just a problem for older women though. Nearly one-quarter of reproductive age women have a chronic condition that requires ongoing treatment, and one in 10 contend with hypertension, high cholesterol, or asthma or other respiratory conditions. Similarly, the emergence of chronic conditions such as arthritis, hypertension, and diabetes in the middle years highlights the importance of reaching women early with prevention and counseling. Identifying, preventing or managing these conditions in the middle years may translate to a better quality of life in women's senior years.

Health coverage—public or private—matters for women. Disparities persist in access to care between uninsured women and those with coverage, be it private, Medicaid, or Medicare. Women without insurance consistently report lower use of preventive services, more difficulty paying for care and medicines, and greater barriers to obtaining services. For many women, particularly those who are poor or disabled, Medicaid serves as a lifeline to the health care system, improving their access to health services and making care affordable. Were it not for Medicaid, most of these vulnerable women would be uninsured. But increasingly, the state and federal funders of Medicaid are finding themselves unable to keep up with the program's increasing costs. The findings with regard to Medicare show that for senior women, a level of affordability, access, and satisfaction has been achieved that compares to or exceeds private insurance for the non-elderly population. However, there will be greater stress on the Medicare program as it assists increasing numbers of seniors and the costs of the program continue to rise. And while employer-sponsored insurance was once considered the "gold standard" of coverage, there is evidence of cracks and great strain on the private system as well. With women's central role in the health care system as patients, mothers, caretakers, and family decision makers, they will have much at stake in future health care policy debates on health coverage.

Health care costs increasingly pose a barrier to health care for many women. Over one-quarter of women say they delay or just don't get medical care they think they need because they cannot afford it, a larger share than in 2001. Many women also state they cannot afford prescription drugs. Women of all ages say they do not fill prescriptions or have resorted to skipping doses and splitting medicines. These problems do not just affect uninsured or elderly women, but are also increasingly reported by some younger women with private health coverage. The burdens of higher premium costs, larger co-payments and increased cost-sharing combined with rapid growth in the cost of prescription drugs fall increasingly hard on women because of their higher use of health care services and their disproportionately lower incomes. As costs are increasingly shifted to workers and their families and as premium costs become more difficult for employers to bear, costs will increasingly be cited as a barrier to care—for those with and without insurance. Stemming the growth in health care costs is a priority issue for women's health.

Women who are sick face more obstacles in obtaining health care. The challenges faced by women in poor health are notable. One-fifth of women in fair or poor health, for whom getting care may be a matter of urgency, are uninsured, and many with coverage also say they cannot afford needed services and medicines. Women in poorer health also report more concerns about the quality of their health care, a troubling sign given that they have and need more contact with the health system. Compared to women in good to excellent health, they are twice as likely to report they couldn't get access to specialty medical care, and are more likely to report that they delayed care, didn't fill a prescription, or took smaller doses of a medication to make it last longer. Some must also make difficult trade offs, with one in five saying that they spent less on basic needs for their families to pay for medicine. This analysis reveals that the health care system is falling short for many groups of women, particularly those who are already sick. For many of these women, obtaining the full range of services they need to improve or maintain their health is a formidable challenge at best and for many simply not achievable.

Certain groups of women—those who are low-income, uninsured or members of racial or ethnic minorities—are at higher risk for falling through the cracks in the health care system. This study finds that access to health care is more likely to be a challenge for women who lack economic resources or who are members of racial or ethnic minority groups. Low-income women and women of color are more likely to report poor health and experience certain chronic health problems, yet they are also more likely to confront obstacles to receiving timely care. Although many women experience financial barriers to care such as affordability and lack of insurance, a sizable share also have trouble getting care because of logistical problems with transportation, childcare, or just finding free time. This highlights the importance of considering the complexity of women's lives in developing strategies to improve women's health and well-being. However, additional measures, including assistance with transportation, language and cultural training for providers, and patient education are needed to assure that the health needs of women at the greatest risk are met.

Doctor-patient counseling about health risks and health promoting behaviors is lagging. In recent years, there has been growing attention to the important role of early intervention and healthy behaviors in health promotion and disease prevention. The U.S. Preventive Services Task Force recommends that health care providers counsel patients on a broad range of issues,¹² and the majority of women say they rely on providers for health care information, still far exceeding the advice of friends and family or the Internet. However, prevention counseling does not yet appear to be an integrated component of medical care. Most women have not had recent conversations with their providers about smoking or alcohol use, calcium and bone health, not to mention the more sensitive sexual health topics that have a critical bearing on their reproductive health. Health providers, on the other hand, are facing unprecedented constraints on their time, which leaves them little opportunity to provide the face-to-face counseling about health behaviors and risks. As it is increasingly becoming accepted that women can do much to prevent illness and manage their own health, it will be even more important to assure that counseling and education are part of the health care experience—whether it is done by a physician or integrated in some other way as part of the health care visit.

Screening rates for mammograms, Pap smears, and blood pressure have fallen slightly. Screening tests are an essential tool for early detection and prevention of many diseases. With early detection, many conditions can be treated and the severity and treatment costs minimized. This survey finds that screening rates for mammography, pap tests, and blood pressure tests fell slightly between 2001 and 2004. Guidelines and recommendations for certain screening tests (mammograms, clinical breast exams, and pap tests) have been challenged or altered in recent years. In many cases the recommended periodicity of these tests is based on individual health history and risks, with the goal of reducing unnecessary care and assuring that those at greatest risk are screened with the appropriate frequency. The convergence of changes in recommendations with a plethora of news stories and articles questioning the validity and accuracy of some screening services, may have resulted in patient and provider confusion regarding which recommendations to follow. While an overall reduction in the rates of mammography and pap smears does not necessarily signal a problem in the health system, it is worthy of further monitoring and research.

Women are the health care leaders for their families. Women's health responsibilities are not limited to addressing their own health needs. Women take charge of the vast majority of health care decisions and responsibilities for their children, including selecting their doctor and making sure they receive needed primary and follow-up care. On top of their everyday family obligations, over one in 10 women care for a sick or aging relative, with a sizable share spending at least 40 hours per week as a caregiver. Meeting these multiple obligations is demanding and leaves many women concerned about meeting all their family and work commitments as well as managing their own health. Social supports, workplace flexibility, and assistance with long-term care are all issues of paramount importance in maintaining women's health and well-being.

These themes also draw attention to the weakness of the health care network for many women. Many show signs of a tenuous connection to the health care system, such as delaying or going without care because of cost, forgoing or splitting medicines, and high stress levels from balancing multiple responsibilities. Women who are poor, sick, uninsured, or a racial/ethnic minority are particularly at risk for experiencing barriers throughout the health system. For many of these women, health care problems further exacerbate other challenges.

Access to health care is a linchpin for women's economic and health security and family well-being. As policymakers, providers, patients, advocates, and researchers develop strategies to strengthen the health care system, it is critical that they recognize women's central role in the system and how much is at stake for women as a consequence of their decisions.