

Survey Shows Those Who Need Health Care Most Get Least

Researchers mining data from a women's health survey found those who needed health care services the most—women with chronic illnesses, for example—were the least likely to get it. Further study revealed the U.S. health care system has made some gains in improving women's health—more women are getting Pap tests and mammograms—but has been sluggish in others—some physicians still don't counsel women about exercise or smoking cessation.

Presenters outlined these findings at a June 6th Jacobs Institute breakfast seminar in Washington, DC, that coincided with their publication in the May/June 2001 *Women's Health Issues*, the bimonthly journal of the Jacobs Institute. The findings stem from the 1998 Commonwealth Fund Survey of Women's Health, which gathered detailed information from over 2,000 women from a wide range of racial/ethnic, regional, cultural, and socioeconomic backgrounds.

Barbara Gault, PhD, director of research at the Institute for Women's Policy Research, noted, "The poorer women are ... the worse their health care." Her paper, "The Influence of Income, Education, and Work Status on Women's Well Being," found discrepancies in women's health status and access to health care across all income levels. However, the poorest women were three-and-a-half times more likely to have a chronic illness and more likely to confront obstacles to getting health care, even if they had health insurance.

"Those who have the biggest problems should be getting the most services," said Dr. Gault. She made several policy recommen-



PHOTO: MAURICE FITZGERALD

[LEFT] Karen Scott Collins, MD, MPH, vice president of the Commonwealth Fund (at left), speaks with audience members at the breakfast seminar. [BELOW] Seminar attendees browse through Jacobs Institute materials.



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dations to improve affordability, access, and use of health care by women, concluding, "The same strategies we use to reduce poverty—such as access to education and training—are health promotion strategies as well."

Karen Donelan, ScD, assistant professor of health policy and management at the Harvard School of Public Health, summarized the find-

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The Jacobs Institute of Women's Health is an independent, nonprofit, multidisciplinary membership organization that studies and disseminates information to advance the knowledge, practice, and understanding of women's health.

Special Offer for Educators

Women's Health Issues, the bimonthly journal of the Jacobs Institute, is the only peer-reviewed publication that examines women's health from the combined perspectives of medicine and the social sciences. Two of our most recent issues bring together papers of particular interest to women's health educators and course directors.

In the May/June 2001 issue (volume 11, no. 3), several of the nation's leading experts explore in depth the results of the 1998 Commonwealth Fund Survey of Women's Health, looking at issues such as access to health care, the influence of income on women's health, women as caregivers, patient-physician communication, and much more (see "Survey Shows Those Who Need Health Care Most Get Least" on page 1).

The edited proceedings of the 2000 Margaret E. Mahoney Annual Symposium, Quality Health Care for Women in the United States and United Kingdom, appear in the July/August 2001 issue (volume 11, no. 4). A background paper prepared by Emily Schifrin of the Jacobs Institute provides a detailed comparison of data on women's health status, use of preventive health services, and quality improvement initiatives in the two countries. Presentations and commentaries focused on primary care, shared doctor-patient decision making, minority health, and domestic violence as a women's health issue.

For the tables of contents of each issue, visit our web site at www.jiwh.org. Individual copies of back issues of *Women's Health Issues* cost \$25 (including shipping and handling); however, special rates are available for educational use. Call the Jacobs Institute at 202-863-4990 for further information. ■

New Members

Welcome to the following new members of the Jacobs Institute, who joined between May 10 and July 26, 2001. To become a member, complete and return the form on page 3. For more information on membership, call us at 202-863-4990 or visit our web site at www.jiwh.org.

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"On the Agenda"
has moved to our
web site,
www.jiwh.org.

Applications for 2002 Ortho-McNeil Awards Due

We are currently accepting applications for the Jacobs Institute—Ortho-McNeil Pharmaceutical Scholar Award. Research that considers the changing health care environment, the unmet need for primary and preventive health services, the historic lack of research on women's health, and the importance of social, cultural, legal, economic, and behavioral factors influencing the financing and delivery of health care to women is eligible. The award is a 1-year, \$30,000 grant. The application deadline is October 15, 2001. For more information, please contact the Jacobs Institute at 202-863-4990 or visit our web site at www.jiwh.org. ■

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Don't Go Shopping Without Us! New Consumers Guide to Health Plans

Today's health care plan is not the one-size-fits-all plan of the past. It covers more ground, offers more choices, and makes more demands on us as consumers. Managed care is the supermarket of health care. To understand it, we need to read the labels, do some research, comparison shop, and ask questions. The Jacobs Institute, National Partnership for Women and Families, and CIGNA Healthcare present *The Health Plan Guide for Women: How to Shop for a Plan & Get the Most Value*. It includes a historical perspective on managed health care, how to compare plans and judge quality, and what rights you have as a consumer and patient. The guide is scheduled for release this fall. Please check our web site, www.jiwh.org, for details. ■



What's New on Our Web Site

If you have not visited the Jacobs Institute's web site (www.jiwh.org) in a while, take a look! We've added some new features.

Can't make it to Washington for our breakfast seminars? Now you can watch them on streaming video from the convenience of your own computer, anytime. Our two most recent seminars on women and heart disease and The Commonwealth Fund's 1998 Survey on Women's Health are now available, and all of our future breakfast seminars will be on the web as well.

We've also moved "On the Agenda" to our web site. We'll still point you to items of interest to women's health advocates, but now we'll have more listings and more links. You'll find more detailed reports of our conferences and seminars, with more related web links, plus information on new publications, upcoming events, and more. Over the next few months, our site will be undergoing a major redesign, so be sure to check back often. We hope you like our new look! ■

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ings of her article, "Caregiving: Challenges and Implications for Women's Health." She found caregivers—women currently caring for a sick or disabled relative—tended to have lower incomes and less education and were less likely to be employed full-time than non-caregivers. Over 80% said their jobs provided some flexibility to accommodate their role, but they were also more likely to be in poor health themselves. Also, caregivers were "substantially more likely [than non-caregivers] to have symptoms that correlate highly with depression." These findings may affect the quality of care individual caregivers can provide, said Dr. Donelan.

Dr. Donelan and colleagues found it difficult to distinguish causes and effects of caregivers' issues. "We need to think more broadly" about who caregivers are and what they do, she said, and suggested policies to address caregivers' needs should include tax incentives and health care access.

Karen Scott Collins, MD, MPH, vice president of The Commonwealth Fund, spoke about the role of physician counseling in women's health care. The survey highlighted physician counseling because it's been identified as among the best techniques of preventive care.

About two thirds of women surveyed used some preventive screening services such as Pap tests, mammograms, and cholesterol tests. But only about half of women said their doctors talked to them about ex-

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ercise, and less than half were counseled about healthy diet and weight, calcium intake, or smoking. The more sensitive the subject, the less likely doctors were to discuss it; 16% of women said their doctors talked with them about sexually transmitted diseases (STDs), while only 8% were counseled about domestic violence.

Dr. Collins found race and ethnicity affected the type of counseling a woman received. Among those ages 45–64, African American and Hispanic women were far more likely than white women to be counseled about STDs, alcohol or drug use, and domestic violence and somewhat less likely to be counseled about hormone replacement therapy or calcium intake. In general, Asian women received less counseling than white, non-Hispanic women. These disparities raise the question, “How closely are services being matched to perceived need versus actual need?” said Dr. Collins.

Physician counseling strongly affects patients' perceptions of the quality of their health care, which should provide further incentive to health plan administrators and physicians to offer preventive counseling. Publications such as the Jacobs Institute's *Guidelines for Counseling Women on the Management of Menopause* are a step in the right direction, said Dr. Collins. In addition, more physicians should explore an allied health care team approach to counseling and incorporate new sources of patient information, such as selected, appropriate Internet sites, Dr. Collins recommended.

Wyeth-Ayerst Laboratories sponsors the Jacobs Institute's breakfast seminar series. The May/June 2001 *Women's Health Issues* includes eight selected papers from the Commonwealth Fund 1998 Survey of Women's Health (see page 2, “Special Offer for Educators”). ■