



Center for Women's Health

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Mail code: UHN 50
3181 S.W. Sam Jackson Park Road
Portland, OR 97239-3098
tel 503 494-4480 fax 503 494-3111
www.OHSUwomenshealth.com

Women's Health in Oregon: Health Care Access & Consequences

Joanna Cain, MD
Director, Center for Women's Health
Oregon Health & Science University

Michelle Berlin, MD, MPH
Director, PATH *for women*
Oregon Health & Science University

Women in Oregon, and their families, suffer from lack of access to health care. Because almost one in five women do not have health insurance, Oregon received a grade of "Fail" in the 2007 edition of *Making the Grade on Women's Health: A National and State-by-State Report Card*. This need for access to care is seen in Oregon's poor *Report Card* grades in reproductive health, cancer, cardiovascular disease and stroke.

Since Oregon does not have presumptive eligibility for prenatal care, nearly 20% of pregnant women do not receive first-trimester prenatal care. Oregon should continue to ensure family planning coverage as currently occurs with the requirements that private insurance companies cover all FDA-approved forms of contraception and its Medicaid waiver to coverage of low-income women for family planning services.

Oregon's statistics for rates of screening, prevention and mortality of key cancers for women is worrisome. We know that nearly 1 in 5 adult women hasn't had a Pap smear within the past three years, and that nearly 1 in 3 women over age forty hasn't had a mammogram within the past two years. Worse yet, Oregon's lung cancer death rate for women is among the bottom six in the nation.

In cardiovascular disease and stroke among women, we are not doing well either. More than one-third of adult women haven't had a cholesterol check within the past five years and Oregon is in the top five states for highest stroke death rate.

According to the 2007 Kaiser Family Foundation *Women and Health Care: A National Profile*:

- Two-thirds of uninsured women (67%) report delayed or forgone care due to costs, four times as high as women with private coverage or Medicare
- Insured women also face barriers to care, including delaying or sacrificing care they need: one in six women with private coverage and one-third of women with Medicaid stated that they postponed or went without needed health services in the past year because they could not afford the cost
- 20% of women age 18 and older did not fill a prescription because of cost

Women are at a disadvantage in obtaining and retaining health insurance. Uninsured women tend to be young, unmarried, low-income, be members of racial or ethnic minority groups (Patchias and Waxman, *Women and Health Coverage: The Affordability Gap*, The Commonwealth Fund Issue Brief, April 2007). In Oregon, over 50% of Hispanic and over 40% of American Indian/Alaskan Native women are uninsured; our women's poverty rate nets us the *Report Card* grade of F.

Women are more often covered through their spouse's employer-based health insurance, leaving them more vulnerable to loss of coverage if (1) a spouse loses coverage, (2) a spouse's employer no longer covers dependents, or (3) a spouse begins to receive Medicare before she is eligible for Medicare herself.

Women are more likely to work in small businesses, to work part-time and to earn less than men (in Oregon, women earn 73 cents for every dollar men earn, on average -- a *Report Card* grade of F). Women have more out-of-pocket health expenses than men, whether in employer-based health insurance plans, individual policies or high-deductible plans (Patchias and Waxman, 2007).

What are the immediate effects of inaccessibility to health care services? We have seen concrete examples of women's desire to access care and the barriers women face. The Oregon Health & Science University (OHSU) Center for Women's Health began its quarterly "Free Fridays" program in November 2007, where women obtain a Pap smear, pelvic examination and clinical breast evaluation at no cost. Within 3 hours of opening the phone lines, all appointment slots were filled. We saw more than 90 women at the first event and over 100 at our second event in March 2008. We asked women why they came - their responses clearly show the range of issues women without health insurance face:

- "Like many people, my husband and I both work 2 jobs but have no health insurance! I have a family history of breast cancer and ovarian cancer, and when I saw the chance for a free screening, with a world-class facility like OHSU, I jumped at it!
- "I had to cancel my Pap test appt. because they wanted \$269.00 up front because I am uninsured. When I saw the event in the newspaper, I couldn't believe my good fortune."
- "My mom had a bilateral mastectomy in July and I lost my job and was caretaking for my mom..."

Even women with health insurance face barriers to care:

- "I have a \$5000 deductible."
- "Have major medical insurance only."
- "Have Medicare. Can't afford medical bills. Would have skipped this health care otherwise. Thanks!"

A key aspect of access to care is health insurance coverage. But coverage without providers to supply health care is problematic as well. Just like all areas of medicine, reimbursement for care must adequately cover the soaring cost of indebtedness for health professional graduates -- particularly in isolated rural and other underserved areas -- coverage alone will not guarantee care. And to optimize access to care means attending to issues of health disparities, including those experienced by women with disabilities.

Oregon needs to pass health reform that would expand access to care for all. We concur with the American College of Obstetricians & Gynecologists *Health Care for Women, Health Care for All: A Reform Agenda* (February 2008): "All women should be guaranteed a package of essential benefits that includes primary and preventive care, pregnancy-related and infant care, medically and surgically necessary services, prescription drugs, and catastrophic care."