

# Report: Significant minority of women delaying or going without care

BY PAUL COLLINS  
THE CHRONICLE

A new national survey by the Kaiser Family Foundation found a significant minority of women report delaying or going without care because of costs. And the survey found significant differences in health status by race and ethnicity.

The report says: "The health care system is not meeting the health needs of a sizable share of women. For women, affordability of care is a major concern. A significant portion of women cannot afford to go to the doctor and fill their doctor's drug prescriptions—even when they have insurance coverage. Women with health problems, who need health care services the most, often have the hardest time getting care because of plan coverage policies, affordability concerns, and logistical barriers, such as transportation."

"Women also have some important concerns about the

quality of care they are receiving. A substantial proportion of women changed doctors because of dissatisfaction with care and concerns about quality. For many women, coverage and access to care is unstable. Health coverage, involvement with health plans and relationships with doctors are often short lived, resulting in care that can be spotty and fragmented."

As far as racial and ethnic differences in health status of women aged 18 to 64, the survey found:

- Despite being a younger population, Latinas were the most likely to report being in fair or poor health (29 percent), followed by African Americans (20 percent), compared with 13 percent of white women.

- African-American women were the most likely to have a condition that limits their activity (16 percent), compared with 10 percent of Latinas and 12 percent of white women.

- African-American women were nearly as likely as white women (31 percent vs. 35 percent) to report a medical condition that requires ongoing treatment, with Latinas the least likely (10 percent).

- There were significant differences in the use of prescription drugs by race and ethnicity. Fifty-five percent of white women, 43 percent of African-American women and 33 percent of Latinas reported that they took prescription drugs regularly.

The survey also found differences in prevalence of chronic health conditions, by race/ethnicity, in women aged 45 to 64. African-American women had the highest rates of reported arthritis, 40 percent, compared with 33 percent of Latinas and 32 percent of white women. African-American women also had the highest rates of reported hypertension (57 percent), followed by Latinas (35 percent) and white women (28 percent).

Latinas had the highest rates of reported diabetes (17 percent), followed closely by African American women (16 percent), with 9 percent of white women reporting diabetes. White women had the highest rates of obesity (17 percent), followed closely by African-American women (16 percent), with Latinas not far behind (13 percent).

For some other chronic health conditions in women aged 45 to 64, the results were: anxiety/depression: Latinas - 26 percent, white women - 23 percent, African-American women - 19 percent; asthma: white women - 11 percent, African-American women - 10 percent, Latinas - 9 percent; osteoporosis: Latinas - 12 percent, white women - 10 percent and African-American women - 4 percent.

The report says of the findings: "It should be noted that the true prevalence of these chronic health conditions could be understated because respondents were

asked to report only conditions that were diagnosed by a doctor."

This nationally representative survey was administered to 3,966 women aged 18 to 64 in the spring and summer of 2001. Women who were nonelderly Latina, African American, uninsured, low-income or on Medicaid were oversampled to improve understanding of the multifaceted health issues and challenges facing these often underserved groups of women. Here are some other survey findings.

- Costs related to health care present significant problems for nonelderly women. Twenty-four percent of nonelderly women delayed or went without care in the past year because they could not afford it, compared with 16 percent of men. Twenty-eight percent of women found out-of-pocket costs to be higher than expected when they went to their doctors, a rate similar to that of men. Twenty-three percent of women gave their plans low ratings on the out-of-pocket costs they incurred.

- Affordability of prescription drugs is a primary concern for a sizable share of nonelderly women. Half of nonelderly women used prescription drugs, compared with 31 percent of men. Twenty-one percent of nonelderly women did not fill prescriptions or medications

because of the costs, compared with 13 percent of men. This was a problem for 40 percent of uninsured women, 27 percent of women with Medicaid and 15 percent of privately insured women.

- Women in fair or poor health - who have the greatest need for health care services - often experience major problems accessing care. Thirty-two percent of nonelderly women had health conditions that required ongoing medical treatments, such as asthma, allergies, or arthritis, compared with 26 percent of men. Of the 16 percent of women in fair or poor health, 49 percent reported they needed to go to the doctor in the past year, but did not.

Transportation difficulties resulted in delayed care for 21 percent of women in fair or poor health, four times the rate of women in better health (5 percent). Twenty-three percent of women in fair or poor health reported that their health plans refused to approve or pay for needed tests or treatments in the past two years; 57 percent of them either delayed care or never got treatment.

- Low-income women were likely to have poor health status and activity limitations. Low-income women were twice as

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of the association of insulin resistance with increased blood clotting, high blood pressure and abnormal blood lipid profile ("bad" cholesterol vs. "good" cholesterol).

Insulin resistance affects African Americans and Hispanic/Latino Americans at higher rates than Caucasians, placing these populations at increased risk for type 2 diabetes and related complications, including cardiovascular disease, blindness, kidney failure and amputation.

"In a recent survey conducted by our organization, we found that nearly one out of two African Americans and Hispanic/Latino Americans with type 2 diabetes does not consider heart disease

and diabetes to be related conditions," said Malcolm P. Taylor, M.D., F.A.C.C. and ABC president. "The need for the Take Diabetes to Heart! campaign is particularly critical in these high-risk populations."

Tight diabetes control is critical to reducing the risk of complications such as heart disease. The best indication of whether a person is effectively managing the disease is the A1C test. The A1C test measures how well a person's diabetes is being controlled over time, providing a comprehensive picture of blood sugar levels during a three-month period.

The American Diabetes Association recommends that patients maintain an A1C target level below 7 percent for good diabetes control, while the AADE recently

adopted the American College of Endocrinology and American Association of Clinical Endocrinologists' recommended A1C target level of 6.5 percent.

"People with diabetes need to understand the risk associated with uncontrolled A1C levels. For every 1 percent increase above the target A1C level, a patient's risk for developing heart disease increases significantly," said Kathy Berkowitz, R.N., C.S., F.N.P., C.D.E. and AADE president. "It is therefore crucial that people with type 2 diabetes manage the disease through proper meal planning, physical activity and, if necessary, medications, including those that target insulin resistance."

Throughout the summer and fall Rashad, as campaign spokesperson, will be visiting

cities with a high prevalence of type 2 diabetes and heart disease to educate people and challenge them to Take Diabetes to Heart! In addition, people with diabetes throughout the country can access tips and tools for diabetes management, as well as a free cookbook by calling 1-800-307-7113 or by visiting <http://www.takediabetestoheart.com/>.

The Association of Black Cardiologists Inc. (ABC) is an inclusive organization and was founded in 1974 to bring special attention to the adverse impact of cardiovascular disease on African Americans. Membership is open to all who are interested in assuring that African-American children know their grandparents and become great-grandparents themselves.

## Diabetes

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recent European studies found similar rates of inappropriate use. (Horten is now at Campbell University.)

The study is one of several on diabetes published in a recent issue of Journal of the American Medical Association. It's the first JAMA issue devoted entirely to research on diabetes, which has reached epidemic levels and afflicts about 17 million people nationwide.

"I can't imagine anybody in the United States who doesn't have someone in their family or some close friend with diabetes. It's such a big problem right now," JAMA editor Dr. Catherine DeAngelis said.

Diabetes impairs the body's ability to produce or make proper use of insulin, resulting in elevated blood sugar levels that

can damage the kidneys, heart, eyes and other organs.

Glucophage helps the body use insulin and is among the most common drugs for Type II diabetes, which is linked to obesity and is sometimes called adult-onset, although it has started showing up in children.

Bonnie Jacobs, a spokeswoman for Glucophage maker Bristol-Myers Squibb Co., said the warnings "are clearly outlined" on the label.

Recent research from Harvard Medical School and Public Citizen Health Research Group suggested that doctors don't pay close enough attention to drug warning labels, a problem also raised by the Food and Drug Administration.

Dr. Malcolm Taylor, president of the Association of Black Cardiologists, said patients' lack of knowledge about diabetes drugs might be partly to blame, and he said many are unaware

of diabetes' major complications, which include heart disease and kidney failure.

His group and the American Association of Diabetes Educators are launching a nationwide education campaign this week, including a new Web site to raise awareness about the link between diabetes and heart disease, the leading cause of diabetes-related death.

In other JAMA research, a Kaiser Permanente study suggests that giving blacks and whites similar health care access can help ease racial disparities in rates of complications such as severe kidney disease, which affects blacks disproportionately.

However, the study of 62,432 patients enrolled in a Northern California Kaiser insurance plan found some differences persisted despite equal access, suggesting genetic differences may explain the racial

disparities, Kaiser scientist Andrew Karter said.

In a JAMA editorial, Dr. Christopher Saudek, president of the American Diabetes Association, said the featured studies underscore the need for insurers and policy-makers to adequately address chronic diseases such as diabetes, which require a lifetime of treatment rather than a quick fix.

"We should be paying to keep people out of the hospital, to keep them as pain-free as possible and as free from complications," Saudek said.



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