

## HEALTH SERVICES UTILIZATION

Availability of and access to quality health care services directly affects all aspects of women's health. For women who have poor health status, disabilities, limited financial resources, lack of insurance, and limited access to a range of health services, preventive treatment and rehabilitation can be critical in preventing disease and improving the quality of women's lives.

This section presents data on women's use of health services, including data on women's insurance coverage, usual source of care, satisfaction with care, and use of various services, such as preventive care, HIV testing, hospitalization, and mental health services. A new addition to this section describes the use of home health and hospice care.



## USUAL SOURCE OF CARE

Women who have a usual source of care (a place they usually go when they are sick, such as a physician's office or health center) are more likely to receive preventive care,<sup>1</sup> to have access to care (as indicated by use of a physician or emergency department, or not delaying seeking care when needed),<sup>2</sup> to receive continuous care, and to have lower rates of hospitalization and lower health care costs.<sup>3</sup> In 2008, 89.6 percent of women reported having a usual source of care (data not shown); this varied, however, by race and ethnicity and health insurance status.

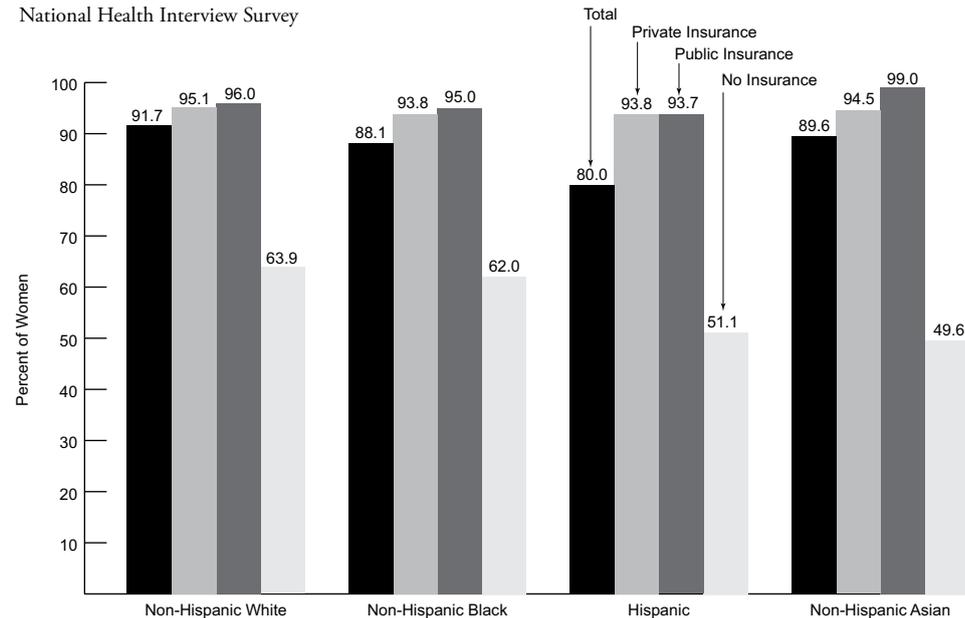
Non-Hispanic White women were more likely than any women of other races and ethnicities to report a usual source of care (91.7 percent), while Hispanic women were least likely to do so (80.0 percent). Nearly 90 percent of non-Hispanic Asian women and 88.1 percent of non-Hispanic Black women also reported having a usual source of care.

The proportion of women of different races and ethnicities who have a usual source of care varied with health insurance status. Among all women, more than 93 percent of those with private or public health insurance reported having a usual source of care; this did not vary significantly by race and ethnicity. Women lacking health insurance were least likely to have a usual source of care (59.0 percent; data not shown). Among women without health insurance, non-

Hispanic Whites were more likely than Hispanic and non-Hispanic Asian women to have a usual source of care (63.9 versus 51.1 and 49.6 percent, respectively).

## Women Aged 18 and Older with a Usual Source of Care, by Race/Ethnicity\* and Health Insurance Status,\*\* 2008

Source II.1: Centers for Disease Control and Prevention, National Center for Health Statistics, National Health Interview Survey



\*The sample of Native Hawaiian/Pacific Islanders, American Indian/Alaska Natives, persons of more than one race, and persons of all other races was too small to produce reliable results. Rates reported are not age-adjusted. \*\*Respondents could have private or public health insurance or both; items are not mutually exclusive.

## HEALTH INSURANCE

People who are uninsured are less likely than those with insurance to seek health care, which may result in poor health outcomes and higher health care costs.<sup>4</sup> In 2008, 39.0 million adults (17.2 percent) were uninsured. Adults aged 18–64 accounted for 38.3 million of those uninsured, representing 20.3 percent of that population (data not shown).<sup>5</sup> The percentage of people who are uninsured varies considerably across a number of factors, including age, sex, marital status, race and ethnicity, and education.

Among adults in 2008, those aged 18–24 years were most likely to lack health insurance. Men aged 18–64 years were more likely than

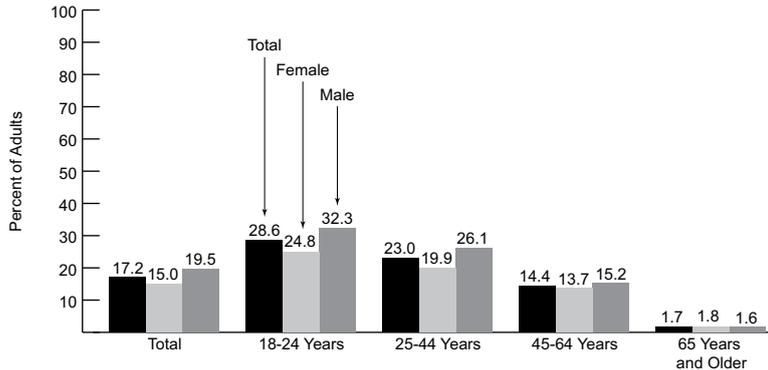
women of the same age to be uninsured. The highest rate of uninsurance occurred among 18- to 24-year-old men (32.3 percent), which was significantly higher than the percentage of women of the same age (24.8 percent). The lowest rate of uninsurance was among adults aged 65 and older, most of whom are eligible for Medicare coverage. The next lowest rate was found among women and men aged 45–64 (13.7 and 15.2 percent, respectively); the sex disparity in this age group was less pronounced than in the younger age groups.

Among women aged 18–64 years in 2008, 70.5 percent had private insurance, 15.8 percent had public insurance, and 18.0 percent

were uninsured. This distribution varied by marital status: women who were married and whose spouse was present were most likely to have private insurance coverage (80.4 percent), while women who were widowed or separated from their spouses were least likely (52.5 and 49.7 percent, respectively). Women who were widowed were also more likely than women of other marital statuses to have public insurance (31.7 percent). Women separated from their spouses were most likely to lack insurance (28.7 percent), followed by women who had never married (25.1 percent). [Respondents could report more than one type of coverage.]

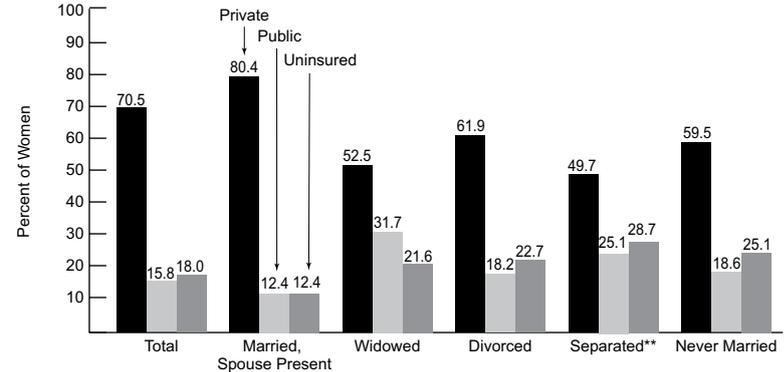
### Adults Aged 18 and Older Without Health Insurance, by Age and Sex, 2008

Source I.4: U.S. Census Bureau, Current Population Survey



### Health Insurance Coverage of Women Aged 18–64, by Marital Status and Type of Coverage,\* 2008

Source I.4: U.S. Census Bureau, Current Population Survey



\*Percentages may add to more than 100 because it was possible to report more than one type of coverage.

\*\*Includes respondents reporting that they are married but their spouse is absent.

## MEDICARE AND MEDICAID

Medicare is the Nation's health insurance program for people aged 65 years and older, some people under age 65 with disabilities, and those with end-stage renal disease (permanent kidney failure). Medicare has four components: Part A covers hospital, skilled nursing, home health, and hospice care; Part B covers physician services, outpatient services, and durable medical equipment; Part C (Medicare Advantage Plans) allows beneficiaries to purchase coverage through private insurers; and Part D allows for coverage of prescription drugs through private insurers.

In 2008, 55.5 percent of Medicare's 45.4 million enrollees were female (data not shown). Among both women and men, those in older age groups accounted for a greater proportion

of overall enrollment; however, men had greater representation than women in the younger age groups. For instance, 19.6 percent of male enrollees were under 65 years of age, compared to 14.1 percent of female enrollees. In contrast, adults aged 75 years and older accounted for 43.7 percent of female enrollees, compared to 34.5 percent of male enrollees.

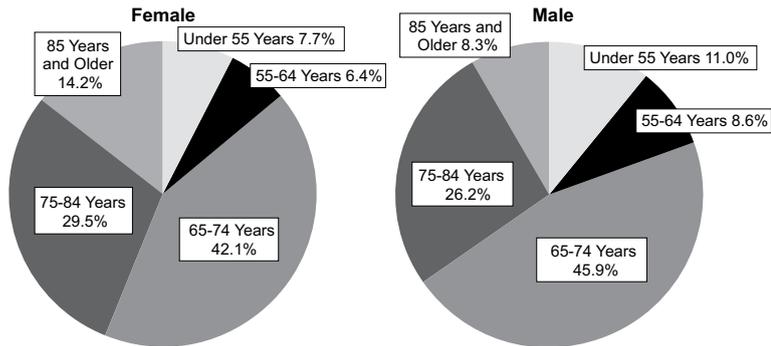
Medicaid, jointly funded by Federal and State governments, provides coverage for low-income people and people with disabilities. In 2007, Medicaid covered 59.4 million people including children; the aged, blind, and disabled; and adults who are eligible for cash assistance programs. Adults aged 19 and older accounted for nearly half of Medicaid enrollees (29.3 million), and women accounted for 69.3 percent of all

adult enrollees (data not shown). Women accounted for a greater proportion of adult Medicaid enrollees than men in every age group, most noticeably among 21- to 44-year-olds and those aged 85 years and older (74.5 and 80.1 percent, respectively).

Nearly 12.6 million women, representing 61.6 percent of adult female Medicaid enrollees, were of childbearing age in 2007 (data not shown). In order to expand family planning services to those most in need, States are able to apply for a waiver to cover women after childbirth, when their coverage would otherwise expire. As of November 2009, 27 States had secured a waiver for expanded family planning services; 11 of those states limited this benefit to adults aged 19 years or older.<sup>6</sup>

### Medicare Enrollees, by Sex and Age, 2008\*

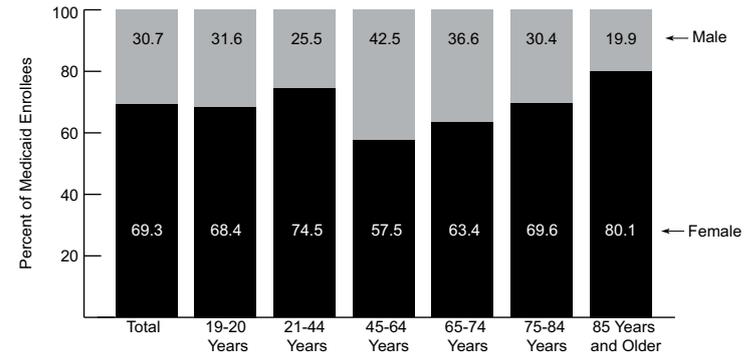
Source III.1: Centers for Medicare and Medicaid Services



\*Enrolled as of July 1, 2008.

### Adult Medicaid Enrollees Aged 19 and Older, by Age and Sex, 2007

Source III.1: Centers for Medicare and Medicaid Services



## PREVENTIVE CARE

Preventive health care, including counseling, education, and screening, can help prevent or minimize the effects of many serious health conditions. In 2006, females of all ages made 533 million physician office visits. Of these visits, 21.5 percent were for preventive care, including prenatal care, health screening, and insurance examinations (data not shown).<sup>7</sup>

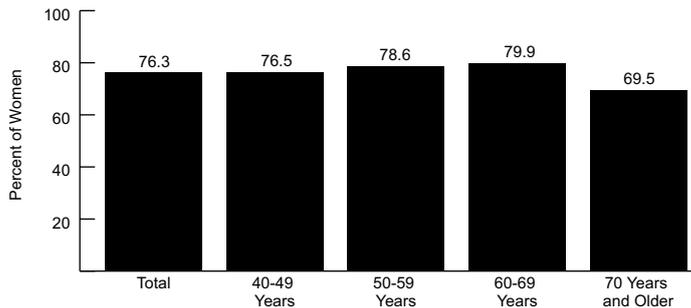
Biennial breast cancer screenings are recommended for every woman aged 50–74 years and for women aged 40–49 years depending on their individual circumstances.<sup>8</sup> The Healthy People 2010 goal is to increase the proportion of women aged 40 years and older who received

a mammogram in the previous 2 years to 70 percent.<sup>9</sup> In 2008, 76.3 percent of women aged 40 years and older reported receiving a mammogram within the past 2 years, representing a dramatic increase since 1998 when 67 percent of women did so. Women aged 60–69 years were most likely to have received a mammogram in the past 2 years (79.9 percent), followed by women aged 50–59 years (78.6 percent). Nearly 70 percent of women aged 70 years and older had also received a mammogram in the past 2 years. There were no differences in receipt of a mammogram in the past 2 years among women of different races and ethnicities.

High cholesterol is a risk factor for heart disease. The Healthy People 2010 goal is to increase the percentage of adults aged 20 and over who receive a cholesterol screening at least every 5 years to 80 percent.<sup>9</sup> In 2005–2008, 72.5 percent of women aged 20 years and older had received a cholesterol test within the previous 5 years. Non-Hispanic White and non-Hispanic Black women were more likely to have had the test (75.7 and 72.4 percent, respectively), than Mexican American and other Hispanic women (50.3 and 65.5 percent, respectively).

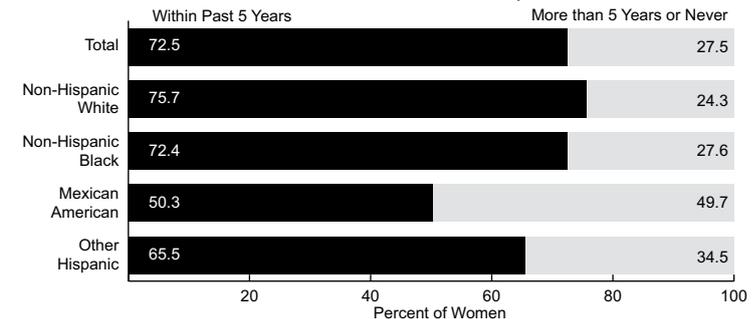
### Women Aged 40 and Older Who Received a Mammogram in the Past 2 Years, by Age, 2008

Source II.1: Centers for Disease Control and Prevention, National Center for Health Statistics, National Health Interview Survey



### Receipt of Cholesterol Screening Among Women Aged 20 and Older, by Race/Ethnicity,\* 2005–2008

Source II.2: Centers for Disease Control and Prevention, National Center for Health Statistics, National Health and Nutrition Examination Survey



\*The sample of Asian/Pacific Islanders, American Indian/Alaska Natives, persons of more than one race, and persons of other races was too small to produce reliable results. Total includes all races/ethnicities.

## VACCINATION

Vaccination prevents the spread of infectious diseases. Vaccination for influenza is recommended for children aged 6 months through 18 years of age, adults aged 50 years and older, pregnant women or women who will be pregnant during flu season, persons with certain chronic medical conditions, persons in long-term care facilities, and health care workers and other persons in close contact with those at high risk.<sup>10</sup> In 2008, 47.5 percent of women aged 55–64 years and 68.1 percent of women aged 65 years and older reported receiving a flu vaccine in the past year; rates of vaccination vary, however, by poverty status. Among women aged 65 years and older, women with family incomes of 200 percent or more of poverty were most likely to

have had a flu vaccine (70.6 percent), compared to 61.5 percent of women with incomes below 100 percent of poverty.

Pneumonia (pneumococcal) vaccine is recommended for adults aged 65 years and older, people with certain health conditions (such as asthma), and those who smoke cigarettes. In 2008, 62.9 percent of women aged 65 and older reported ever receiving the vaccine. In this age group, 52.8 percent of women with household incomes below 100 percent of poverty received the vaccination, compared to 65.5 percent of women with household incomes of 200 percent or more of poverty.

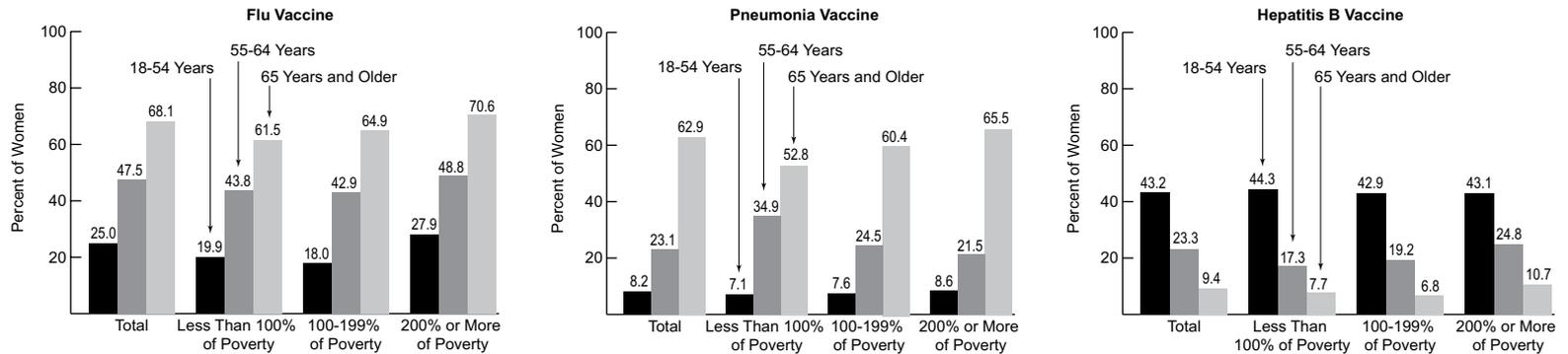
Hepatitis B vaccine is recommended to reduce the spread of hepatitis B, which may result

in cirrhosis of the liver, liver cancer, liver failure, and even death.<sup>11</sup> In 2008, hepatitis B vaccination varied by poverty level, as well as age. Younger women were more likely than women of other ages to have received at least one of the three recommended doses.

In 2009, a new strain of the influenza virus, 2009 H1N1, emerged worldwide. The strain appears to affect younger people more severely than the seasonal flu, and can cause severe illness and death in pregnant and postpartum women.<sup>12</sup> The H1N1 vaccine is recommended for pregnant women, people aged 6 months to 24 years, those caring for children under 6 months, and those aged 25–64 who have certain medical conditions.<sup>13</sup>

### Receipt of Selected Vaccinations\* Among Women Aged 18 and Older, by Poverty Status\*\* and Age, 2008

Source II.1: Centers for Disease Control and Prevention, National Center for Health Statistics, National Health Interview Survey



\*Having received the flu vaccine in the past 12 months; having ever received the pneumonia vaccine; and having ever received at least one dose of the three-dose hepatitis B vaccine. \*\*Poverty level, defined by the U.S. Census Bureau, was \$22,025 for a family of four in 2008.

## HEALTH CARE EXPENDITURES

In 2007, the majority of health care expenses of both women and men were covered by public or private health insurance. Among women, one-third of expenses were covered by either Medicare or Medicaid, while 41.6 percent of expenses were covered by private insurance. Although the percentage of expenditures paid through private insurance was similar for both sexes, health care costs of women were more likely than those of men to be paid by Medicaid (7.8 versus 5.3 percent, respectively).

In 2007, 90.2 percent of women had at least one health care expenditure, compared to

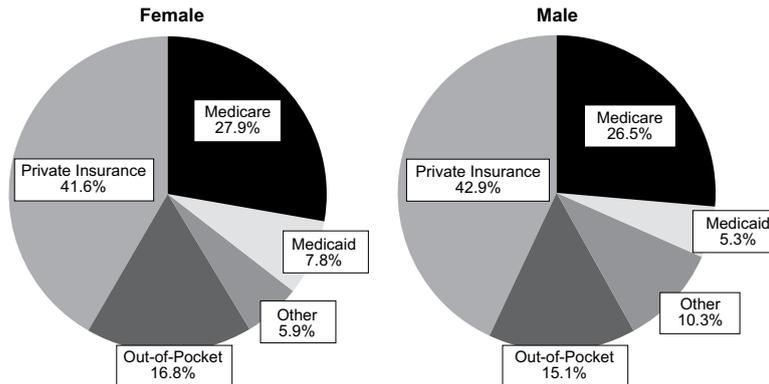
78.8 percent of men (data not shown). Among adults who had at least one health care expense, the average expenditure per person, including expenses covered by insurance and those paid out-of-pocket, was slightly higher for women (\$5,519) than for men (\$5,076). However, men's average expenditures exceeded women's for hospital inpatient services (\$21,175 versus \$13,626, respectively), hospital outpatient services (\$2,549 versus \$1,965), and home health services (\$5,769 versus \$4,912). Women's expenditures exceeded men's in the categories of office-based medical services (\$1,529 versus \$1,411, respectively) and dental services (\$694

versus \$639). Despite health care expenses by individual category generally being lower for women than men, the overall mean health care expense was greater for women because of the greater percentage of women incurring more expensive services. For instance, 11.1 percent of women had hospital inpatient services, compared to 6.6 percent of men, which contributes to a higher mean expenditure overall.

Overall per capita health care expenditures have increased substantially in the past decade. In 2007, the annual mean health care expenses for women and men were 68.1 and 77.0 percent higher, respectively, than in 1999 (data not shown).

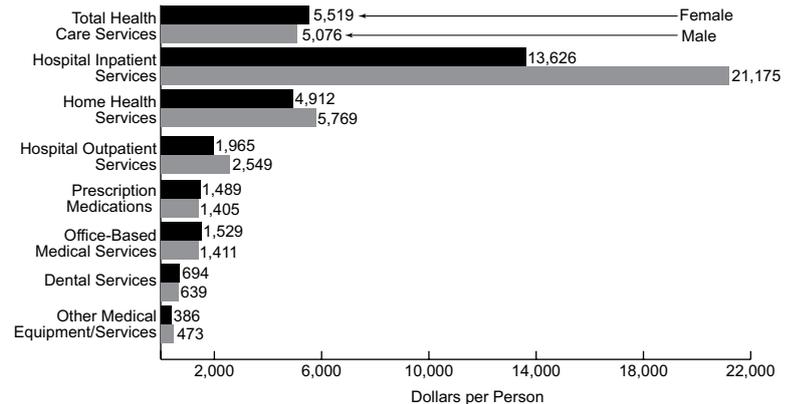
### Health Care Expenses of Adults Aged 18 and Older, by Sex and Source of Payment, 2007

Source III.2: U.S. Agency for Healthcare Research and Quality, Medical Expenditure Panel Survey



### Mean Health Care Expenses of Adults Aged 18 and Older with an Expense, by Category of Service and Sex, 2007

Source III.2: U.S. Agency for Healthcare Research and Quality, Medical Expenditure Panel Survey





## HIV TESTING

People aware of and receiving appropriate care for positive HIV serostatus may be able to live longer and healthier lives because of newly available, effective treatments. It is recommended that people who meet any of the following criteria be tested at least annually for HIV: those who have injected drugs or steroids, or shared drug use equipment (such as needles); have had unprotected sex with men who have sex with men, anonymous partners, or multiple partners; have exchanged sex for drugs or money; have been diagnosed with hepatitis, tuberculosis, or a sexually transmitted infection; received a blood transfusion between 1978 and 1985; or have

had unprotected sex with anyone who meets any of these criteria.<sup>14</sup> In addition, the CDC recommends that all health care providers include HIV testing as part of their patients' routine health care and that all pregnant women be tested during their pregnancy.

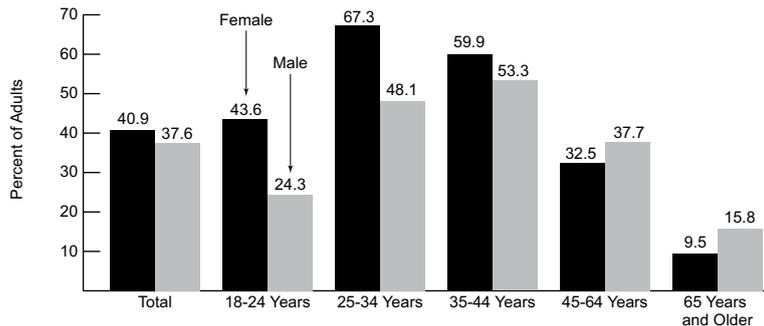
In 2008, more than 39 percent of adults in the United States had ever been tested for HIV (data not shown). Overall, women were slightly more likely than men to have been tested (40.9 versus 37.6 percent, respectively). Within younger age groups (18–44 years), women were more likely to have been tested than men, while men were more likely to have been tested at older ages (45 years and older).

Among women in 2008, non-Hispanic women of multiple races were most likely to have ever been tested (63.7 percent), followed by non-Hispanic Black women (57.0 percent) and Hispanic women (50.6 percent). Non-Hispanic White and Asian women were much less likely to have reported ever being tested (36.0 and 36.2 percent, respectively).

Among women who had not been tested, 79.3 percent reported that they had not been tested because they thought it was unlikely they had been exposed and 18.8 percent reported that there was no particular reason they had not done so (data not shown).

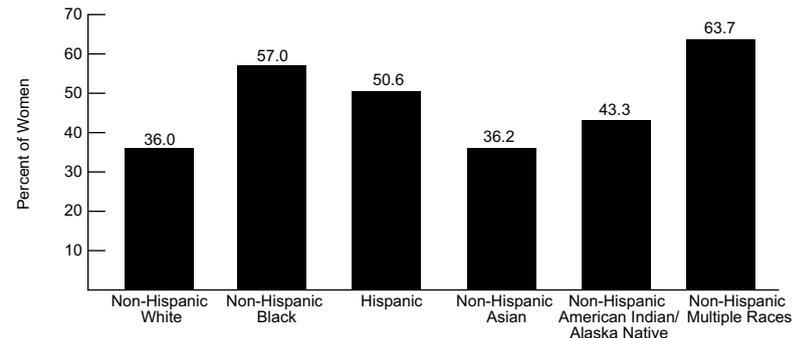
## Adults Aged 18 and Older Who Have Ever Been Tested for HIV, by Age and Sex, 2008

Source II.1: Centers for Disease Control and Prevention, National Center for Health Statistics, National Health Interview Survey



## Women Aged 18 and Older Who Have Ever Been Tested for HIV, by Race/Ethnicity, 2008\*

Source II.1: Centers for Disease Control and Prevention, National Center for Health Statistics, National Health Interview Survey



\*Rates reported are not age-adjusted.

## HOME HEALTH AND HOSPICE CARE

In 2006, approximately 6.1 million people began receiving home health care services, while nearly 940,000 were admitted to a hospice care facility (an agency providing end-of-life care). Overall, women account for a greater proportion of users of home health and hospice services than men; in 2007, 64.8 percent of current home health care patients (aged 18 and older) were women, while 55.1 percent of patients discharged from hospice care were women. While women accounted for a greater proportion than men of home health care patients within all age groups, the proportion of hospice patients who were women varied by age group.

Among adults under 65 years of age, men accounted for a greater percentage of hospice discharges (including those released from the facility for any reason, such as death, or moved to another facility, residential, or home care) in 2007 than women (53.7 versus 46.3 percent, respectively), while men and women made up about equal proportions of discharges for those aged 65–84 years. In comparison, 65.3 percent of hospice patients aged 85 and older were women. This is likely due, at least in part, to the longer life expectancy among women than men.

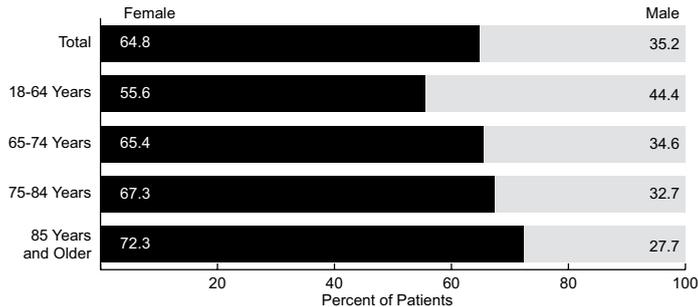
In 2007, the large majority of both home health care patients and patients discharged from hospice care were non-Hispanic White (76.2 and 87.6 percent, respectively; age-adjusted). Non-Hispanic Black women accounted for

an additional 12.9 percent of home health care patients, while 8.4 percent were Hispanic. Non-Hispanic Black and Hispanic women made up a substantially smaller proportion of hospice care patients discharged in 2007: 5.9 percent were non-Hispanic Black and 5.2 percent were Hispanic (data not shown).

As the U.S. population ages, there will be a greater reliance on home health care and on those providing care in the home. Research has found that the burden of caregiving may have numerous physical and emotional health consequences including increased likelihood of chronic disease, fatigue and loss of sleep, stress or anxiety, pain, depression, and headaches.<sup>15</sup> As such, the health needs of female caregivers will also need to be addressed.

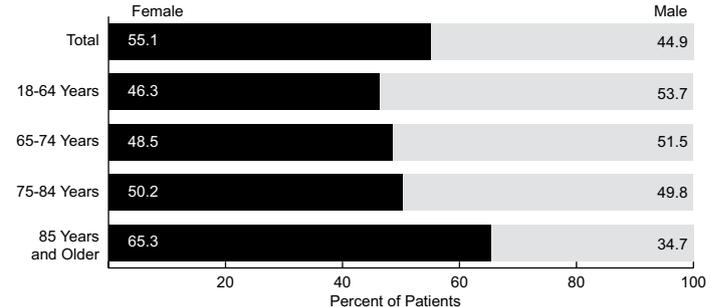
### Current Home Health Patients, by Age and Sex, 2007

Source III.3: Centers for Disease Control and Prevention, National Center for Health Statistics, National Home Health and Hospice Care Survey



### Patients Discharged from Hospice Care,\* by Age and Sex, 2007

Source III.3: Centers for Disease Control and Prevention, National Center for Health Statistics, National Home Health and Hospice Care Survey



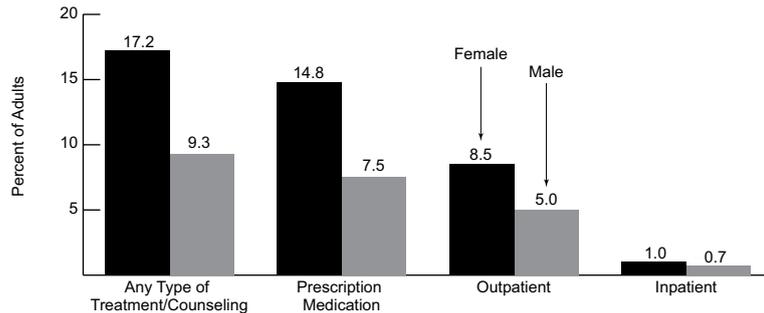
\*Includes patients released from the facility for any reason, such as death, moved to another facility, or discharged to residential or home care.

## MENTAL HEALTH CARE UTILIZATION

In 2008, more than 30 million adults in the United States reported receiving mental health treatment in the past year. Women represented two-thirds of users of mental health services, including inpatient and outpatient care and prescription medications. More than 17 million women reported using prescription medication for treatment of a mental or emotional condition, representing 14.8 percent of women aged 18 and older, almost twice the rate among men (7.5 percent). Outpatient treatment was reported by 8.5 percent of women, and inpatient treatment was reported by 1.0 percent of women.

### Adults Aged 18 and Older Receiving Mental Health Treatment/Counseling,\* by Type and Sex, 2008

Source II.3: Substance Abuse and Mental Health Services Administration, National Survey on Drug Use and Health



\*Excludes treatment for alcohol or drug use. Respondents could report more than one type of treatment.

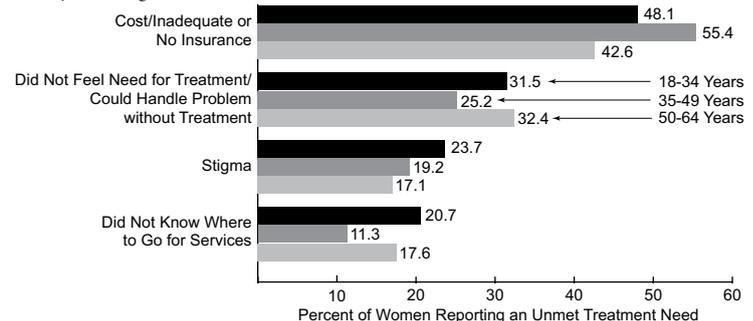
In 2008, mental health services were needed, but not received, by an estimated 10.6 million adults in the United States. Women were twice as likely as men to have an unmet need for mental health treatment or counseling in the past year (6.3 versus 3.0 percent, respectively). Among women, unmet need for treatment varies with age; 9.9 percent of women aged 18–34 years and 8.0 percent of 35- to 49-year-olds reported an unmet need. Slightly more than 4 percent of women aged 50–64 years also reported an unmet need for mental health treatment (data not shown).

Among women aged 18–64 years, reasons for not receiving needed mental health treatment vary by age. Cost or lack of adequate

insurance coverage was the most commonly reported reason for not receiving needed services among all age groups. Women aged 35–49 years with unmet mental health treatment needs were most likely to cite this reason, followed by 48.1 percent of those aged 18–34 years, and 42.6 percent of 50- to 64-year-olds. Nearly one-third of women aged 18–34 and 50–64 with an unmet treatment need reported that they could handle their problems on their own, compared to 25.2 percent of 35- to 49-year-olds. Fear of stigma—such as concerns about confidentiality, the opinions of others, or the potential effect on employment—and not knowing where to go for services were reported by 23.7 and 20.7 percent, respectively, of 18- to 34-year-olds.

### Reasons for Unmet Need for Mental Health Treatment\* Among Women Aged 18-64, by Age,\*\* 2008

Source III.4: Substance Abuse and Mental Health Services Administration, National Survey on Drug Use and Health



\*Excludes treatment for alcohol or drug use. Respondents could report more than one reason. \*\*The sample of women aged 65 years and older not receiving needed treatment was too small to produce reliable results.

### ORGAN TRANSPLANTATION

Since 1988, there have been more than 475,000 organ transplants in the United States. More than 28,000 of those transplants occurred in 2009, when nearly 15,000 people donated organs. Overall distribution of organ donation by sex was nearly even (7,347 male and 7,284 female organ donors), though females were more likely than males to be living donors (60.4 percent of living donors were female), while males accounted for a greater proportion of deceased donors (58.9 percent; data not shown).

The need for donated organs greatly exceeds their availability, so waiting lists for organs are growing. As of July 23, 2010, there were 107,960 people awaiting a life-saving organ

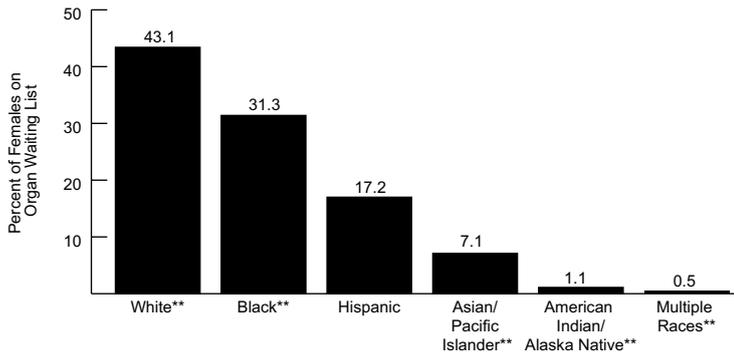
transplant. Females accounted for 41.0 percent of those patients but made up only 37.9 percent of those who received a transplant in 2009 (data not shown). Among females waiting for an organ transplant, 43.4 percent were White, 31.4 percent were Black, and 17.0 percent were Hispanic.

In 2009, there were 10,774 organ transplants performed for females in the United States. The most commonly transplanted organ was the kidney (6,678 transplanted), followed by the liver (2,158). The kidney and liver were also the most donated organs, with 6,851 females donating kidneys and 2,865 donating liver in 2009.

In 2003, the donation community began to work together through the Organ Donation Breakthrough Collaborative and other grassroots efforts to increase donations. From 2003 to 2009, organ donation by deceased donors increased by an unprecedented 24 percent. One of the challenges of organ donation is obtaining consent from the donor's family or legal surrogate. Consent rates may vary due to religious beliefs, communication issues between health care providers and grieving families, perceived inequities in the allocation system, lack of knowledge of the wishes of the deceased, and limited understanding of donation and funeral arrangements.<sup>16</sup>

### Females on Organ Waiting Lists,\* by Race/Ethnicity, 2010

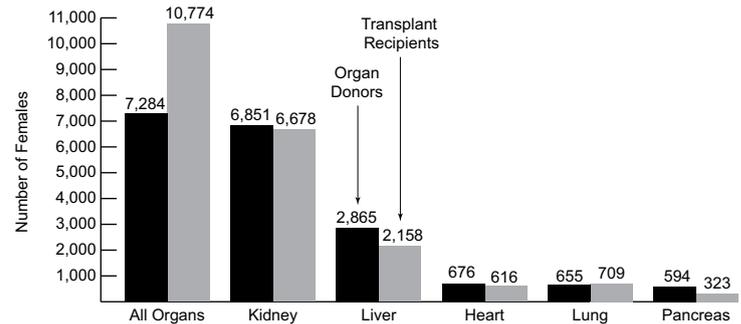
Source III.5: Organ Procurement and Transplantation Network



\*As of July 23, 2010. Percentages may not add to 100 because respondents could select more than one race and ethnicity. \*\*May include Hispanics.

### Female Organ Donors and Transplant Recipients, 2009\*

Source III.5: Organ Procurement and Transplantation Network



\*Data subject to change based on future submission or correction; based on OPTN data as of July 23, 2010.

## QUALITY OF WOMEN'S HEALTH CARE

Indicators of the quality of health care can provide important information about the effectiveness, safety, and timeliness of women's health services. While there are numerous ways to measure quality of care, some common indicators used to monitor women's health care in managed care plans include screening for chlamydia, screening for cervical cancer, and the receipt of timely prenatal and postpartum care.

In 2008, women aged 21–24 years enrolled in Medicaid were more likely than those enrolled in commercial plans to have had a chlamydia screening (59.4 versus 43.5 percent,

respectively). Since 2000, the percentage of sexually active females screened for chlamydia has increased by 110 percent among those in commercial plans and 56.7 percent among Medicaid participants.

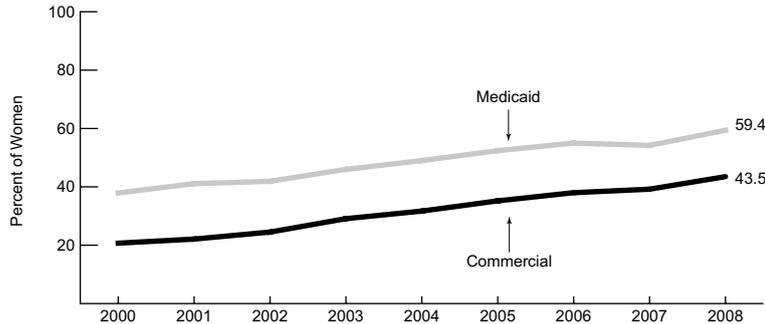
Cervical cancer screenings appeared to be more accessible to women with commercial coverage than to those covered by Medicaid. Among women aged 18–64 years, cervical cancer screenings were received at least once during the previous 3 years by 80.8 percent of commercially-insured women and 66.0 percent of those covered by Medicaid (data not shown).

In 2008, women with commercial insurance coverage were more likely than those with

Medicaid to have received timely prenatal and postpartum care. More than 92 percent of commercially-insured women received prenatal care in either their first trimester or within 42 days of enrollment, compared to 81.9 percent of those covered by Medicaid. Similarly, 82.8 percent of women with commercial coverage had a postpartum visit between 21 and 56 days after delivery, compared to 62.7 percent of women participating in Medicaid. Since 2003, the percentage of postpartum women receiving timely care increased 13.4 percent among Medicaid participants and 3.1 percent among commercially-insured women.

## HEDIS<sup>®</sup>\* Chlamydia\*\* Screening Among Women Aged 21–24 Years, by Payer, 2000–2008

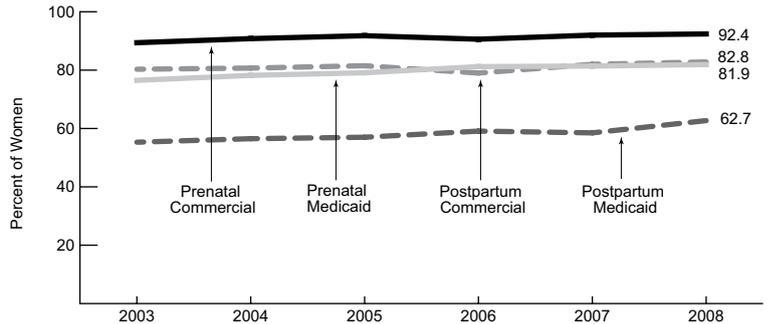
Source III.6: National Committee for Quality Assurance



\*Health Plan Employer Data and Information Set is a registered trademark of NCQA. \*\*The percentage of sexually active females who had at least one test for chlamydia in the past year.

## HEDIS<sup>®</sup>\* Timeliness of Prenatal\*\* and Postpartum Care,<sup>†</sup> by Payer, 2003–2008

Source III.6: National Committee for Quality Assurance



\*Health Plan Employer Data and Information Set is a registered trademark of NCQA. \*\*The percentage of pregnant women who received a prenatal care visit in either the first trimester or within 42 days of enrollment. <sup>†</sup>The percentage of women who had a postpartum visit on or between 21 and 56 days after delivery.

## SATISFACTION WITH HEALTH CARE

Patients' use of health care is affected by the quality of care; those who are not satisfied with their providers may be less likely to continue with treatment or seek further services.<sup>17</sup> Some aspects of patients' experience of care that may contribute to better outcomes are patients' perceptions of how well their doctors communicate with them and individuals' experiences with their health plans.

In 2008, 35.0 percent of women were not satisfied with their experiences related to their health plan's customer service, including receiving needed information or help and being

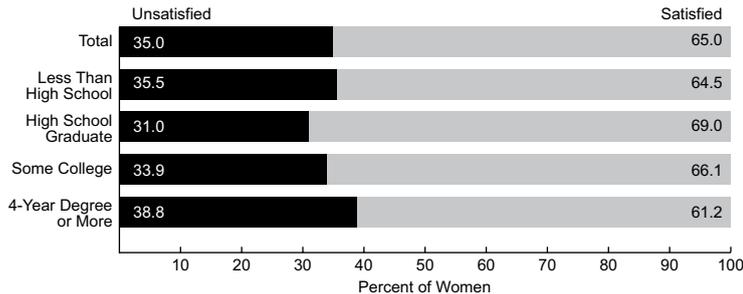
treated with courtesy and respect. This varies by education level. Women with at least a 4-year college degree were most likely to be dissatisfied (38.8 percent), followed by women with less than a high school diploma (35.5 percent). In comparison, 31.0 percent of female high school graduates were dissatisfied with aspects of their health plan's customer service.

Overall, 15.4 percent of women were dissatisfied with how well their doctors communicate including perceptions of how carefully doctors listened to them, whether doctors explained things in a way that was easy to understand, and whether doctors spent enough time with them. This varied, however, with race and eth-

nicity. Non-Hispanic White women were least likely to be dissatisfied with how well their doctors communicate (13.5 percent), followed by non-Hispanic American Indian/Alaska Native women (17.8 percent). Nearly one-quarter of non-Hispanic Asian women were dissatisfied with communication with their doctors (24.4 percent), as were 20 percent of Hispanic and non-Hispanic Black women.

### Women's Satisfaction with Experiences Related to Health Plan Customer Service,\* by Level of Education, 2008

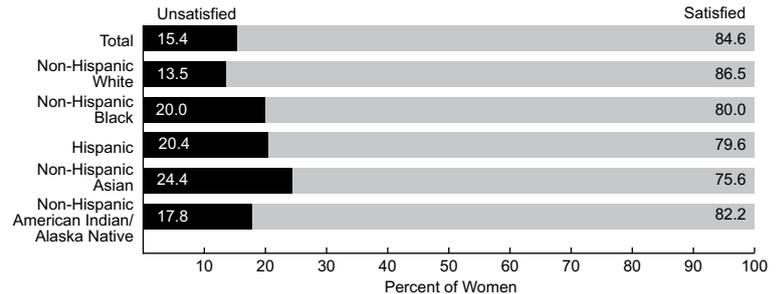
Source III.7: U.S. Agency for Healthcare Research and Quality, National CAHPS Benchmarking Database\*



\*Based on questions related to respondents' experiences with their health plan's customer service in the past 6 months (Medicaid respondents) or 12 months (commercial health plan respondents).

### Women's Satisfaction with How Well Doctors Communicate,\* by Race/Ethnicity, 2008

Source III.7: U.S. Agency for Healthcare Research and Quality, National CAHPS Benchmarking Database\*



\*Based on questions related to respondents' experiences with their doctors in the past 6 months (Medicaid respondents) or 12 months (commercial health plan respondents).