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WOMEN'S EXPERIENCES WITH HEALTH CARE DURING THE COVID-19 PANDEMIC: FINDINGS FROM THE KFF WOMEN'S HEALTH SURVEY

Political Science

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ABSTRACT

Women are more likely to have gone without health care during the pandemic compared to men, and women with health and economic challenges prior to the pandemic have experienced worsening health conditions as a result of skipping health care services during the pandemic. These gaps in care could translate into higher numbers of women experiencing severe health issues. after the health emergency from the pandemic resolves. People have been largely satisfied with their lemedicine interactions. The share of men and women who at the time of the survey reported having a telemedicine visit during the pandemic tripled since before the pandemic. But not all have had the opportunity or access to telemedicine. Older women, women with higher educational attainment, insured women, and women living in states that have expanded Medicaid are more likely to have had a telehealth visit during the pandemic. While telemedicine played an important role during the pandemic, is it still not clear whether it will continue to be an approach that providers and health consumers will continue to utilize at high rates as the risk of exposure to the coronavirus recedes. Women with private insurance and Medicaid are nearly twice as likely to have received a COVID-19 test compared to uninsured women (45% and 41% vs. 28%). Uninsured individuals may have been less likely to seek a test out of fear of cost, which could have implications for uptake of COVID-19 vaccines, even though all COVID-19 vaccines are free regardless of insurance status. The pandemic has had a significant effect on people's mental health, with 51% of women and 34% of men saying that worry or stress related to the pandemic has affected their mental health. Most say that the impact has been moderate or minor, but almost one-fifth (21% women, 17% men) say the toll has taken a major impact on their mental health. The high need for mental health care has highlighted long-standing gaps in the availability and signals that the demand will likely continue as people begin to process the trauma and loss they have experienced over the past year.

KEYWORDS

Introduction

The COVID-19 pandemic transformed the way people access health care, with care quickly moving to telehealth. However, with fear of contracting the coronavirus and state emergency declarations limiting non-essential and elective services in the early days of the pandemic, many people have gone without health care services this year. The pandemic has highlighted and aggravated long-standing inequities in healthcare availability and access. This brief provides new data from the KFF Women's Health Survey, a nationally representative survey of 3,661 women and men ages 18-64 (Methodology) that was conducted November 19, 2020 December 17, 2020. Among several topics related to women's health. and well-being, we asked respondents about experiences during the COVID-19 pandemic. In this brief, we document how experiences accessing health care during the COVID-19 pandemic have differed by gender, age, race/ethnicity, insurance coverage, and income and what this could mean moving forward.

Accessing Health Care During the COVID-19 Pandemic

A higher share of women than men have skipped recommended preventive services in response to the pandemic. When asked about their experiences accessing health care services during the pandemic, a larger share of women than men say they have skipped preventive health services, such as a yearly check-up or routine test (38% vs. 26%) or skipped a recommended medical test or treatment (23% vs. 15%). Nearly half of women who report being in fair or poor health report skipping preventive care (46%) and nearly one third have skipped recommended tests or treatment (32%) compared to women who reported being in good, very good, or excellent health (36% and 21%, respectively). Those in poor health may view themselves as more at risk for COVID exposure and opt to skip routine preventive care. This gap in care among those with the greatest health problems could portend an increase of the share of patients experiencing more severe health conditions resulting from care that was foregone or delayed during the pandemic.

Surprisingly, women with incomes ≥200% of the federal poverty level (FPL) are more likely to have skipped preventive health services during the pandemic compared to women with incomes <200% FPL (40% vs. 33%, respectively), as well as women with private insurance (39%) and Medicaid (38%) compared to uninsured women (30%). A larger share of women with private insurance (23%) and Medicaid (26%) also report skipping a recommended medical test or treatment compared to uninsured women (18%). In pre-pandemic times, the reverse was true, higher shares of women with lower incomes and who lacked insurance coverage reported skipping care. Women with more resources may be choosing to skip care because of concerns of COVID exposure.

Nearly one in five women in fair or poor health (18%) say they have either not filled a prescription, cut pills in half or skipped doses of medicine because of the COVID-19 pandemic, over twice the percentage of women in good, very good, or excellent health (8%). A higher percentage of low-income women < 200% FPL (14%), uninsured individuals (12%), and those with Medicaid (12%) also report not filling a prescription, cutting pills in half or skipping doses of medicine compared to higher income women (200% FPL) (8%) and individuals with private insurance (8%).

More women than men report not being able to get an appointment because of the pandemic (30% vs. 20%), which could be a result of women being more likely to seek care. A larger share of women in poor or fair health (40%) compared to women in good or excellent health (29%) and low-income women (<200% FPL) (33%) compared to higher income women (2200% FPL) (29%) say they were unable to get appointments. State emergency declarations limited services deemed non-essential or elective and reduced clinic hours and closures have made it particularly difficult to access care during the pandemic.

The pandemic has taken a disproportionate toll on some communities of color. Hispanic women, who have the highest rates of uninsurance, report higher rates of access barriers. Four in ten (40%) say they skipped preventive health services, 36% could not get a medical appointment, and 13% did not fill or skipped doses of prescription medicines because of the pandemic (Figure 2). Targeted outreach to this community regarding the COVID-19 vaccine will be important to ensure they have adequate access to and information about the vaccine, especially that the vaccine is free even without insurance.

Nearly one in 10 women ages 18-25 (8%) and 7% of women ages 26-35 say they delayed or were not able to get birth control due to the COVID 19 pandemic, which is significantly higher than women ages 36-49 (3%) (Figure 3). Women without a high school diploma were more likely to report delaying or not being able to get birth control compared to women with a Bachelor's degree or higher (10% vs. 5%). Individuals who face delays in contraceptive care could face negative health consequences, such as sexually transmitted infections or unwanted pregnancies. While many clinics developed protocols to distribute contraception to their clients by reducing the need for in-person visits through telemedicine or other distribution approaches, addressing access for younger women and those with few resources will continue to be important.

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