



# Facts on Access to Health Care

September 1997

## The Commonwealth Fund Survey of the Health of Adolescent Girls

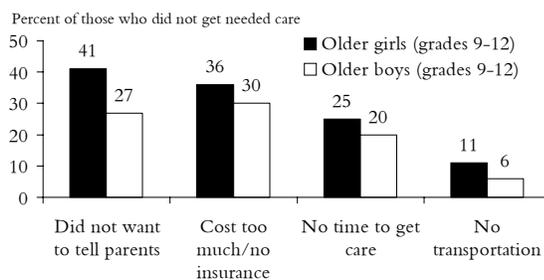
Adolescence is a time when attitudes toward health and health care develop that can affect lifelong well-being. During these formative years, the extent of access to the health care system can either strengthen or undermine health care habits, as well as determine to whom young people turn for support and information about health issues. *The Commonwealth Fund Survey of the Health of Adolescent Girls* raises warning signs that too many young girls and boys face significant barriers to getting the health care they need.

Of all the adolescents surveyed, one-quarter of girls and one-fifth of boys reported a time when they had not gotten care when they needed it. Of the adolescents in high school, nearly 29 percent of girls and 23 percent of boys reported an instance of not getting needed care. Of all the girls surveyed, those particularly at risk for not getting needed care were uninsured, from low income families or minority groups, or suffering from depressive symptoms or abuse.

### ACCESS BARRIERS

Adolescent girls' and boys' reasons for not getting needed care included those typical of adult populations: costs of care, and lack of insurance and transportation. Unique to adolescents, however, was another concern: not wanting to tell parents about health problems. In fact, this was the leading reason

### Older adolescents report a variety of barriers to getting the health care they need.

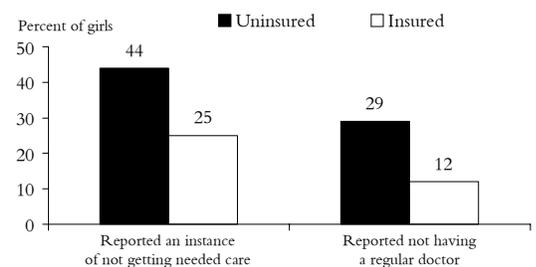


The Commonwealth Fund Survey of the Health of Adolescent Girls, 1997  
Louis Harris and Associates, Inc.

given by girls and boys for not getting needed care, followed closely by lack of insurance and financial issues. Among all adolescents not receiving needed care, one-third said they did not want to tell their parents about the problem and one-fourth cited financial reasons. Confidentiality concerns were especially high among older girls: more than 40 percent of girls in grades nine through twelve said they did not get needed care to avoid telling their parents about a problem, compared with 27 percent of high school boys.

Concerns about discussing sensitive topics with physicians also raise access barriers, particularly for girls. Thirty-five percent of adolescent girls, compared with 21 percent of boys, reported a time when they were too embarrassed to discuss a health problem with a doctor or other health professional.

### Lack of insurance is a major barrier to care for adolescent girls.



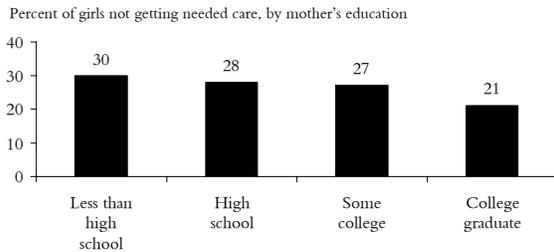
The Commonwealth Fund Survey of the Health of Adolescent Girls, 1997  
Louis Harris and Associates, Inc.

Lack of insurance was strongly related to not getting health care. Among the girls surveyed who knew whether they were insured, 44 percent who were not insured reported an instance of not getting needed care, compared with 25 percent who were insured.

The survey found that insurance coverage was also highly correlated with having a regular source of care. While 80 percent of girls and 73 percent of

boys surveyed reported having a regular source of care, 29 percent of uninsured girls lacked a regular doctor—more than twice the rate of those with insurance.

**Girls with less-educated mothers are at higher risk for not getting needed care.**



*The Commonwealth Fund Survey of the Health of Adolescent Girls, 1997*  
Louis Harris and Associates, Inc.

Coming from a lower income family was also correlated with lack of insurance coverage and inadequate access to care. Using mother's education as a proxy for family income status, the survey found that more than 20 percent of girls whose mothers had less than a high school education were uninsured, compared with only 4 percent of those whose mothers had a college education. Girls with mothers in the lowest education group were 50 percent more likely to have had a time when they didn't get needed care or to lack a regular doctor than girls whose mothers had a college education.

Another factor strongly related to lack of access to care was race or ethnicity. Minority girls, for example, were far less likely than white girls to have a regular source of care. Asian American girls were at greatest risk, with 26 percent reporting no regular source of care, compared with 21 percent of black girls, 20 percent of Hispanic girls, and 13 percent of white girls.

**DEPRESSION, ABUSE, AND LACK OF CARE**

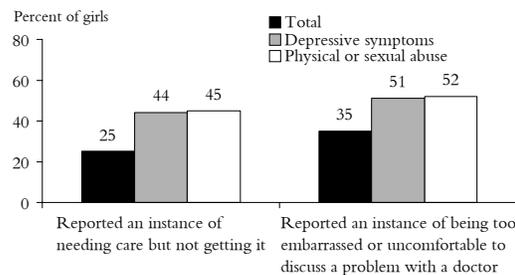
Girls with depressive symptoms reported high rates of not getting care when they needed it. Four in ten girls (44 percent) with depressive symptoms said there had been a time when they did not get needed health care. Despite their likely need for mental health counseling, only 28 percent of girls with severe depressive

symptoms and 18 percent of those with moderate symptoms said they had seen a mental health professional in the past year.

Girls who reported physical or sexual abuse were also likely to have experienced barriers to health care. Nearly half (45 percent) of abused girls reported a time when they did not get needed care, twice the rate of nonabused girls (21 percent). Only 27 percent of abused girls had seen a mental health counselor in the past year.

Communication barriers were particularly apparent for those with depressive symptoms or who had been abused. More than half (52 percent) of those reporting depressive symptoms or physical or sexual abuse said there had been a time when they were too embarrassed to discuss the problem with their health care provider. Nearly half (46 percent) of adolescent girls with depressive symptoms and 42 percent of girls who reported abuse said not wanting to tell their parents about the problem was the reason they did not get care.

**Girls reporting depressive symptoms or physical or sexual abuse are at increased risk for not getting needed care.**



*The Commonwealth Fund Survey of the Health of Adolescent Girls, 1997*  
Louis Harris and Associates, Inc.

*The Commonwealth Fund Survey of the Health of Adolescent Girls, conducted by Louis Harris and Associates, Inc., from December 1996 through June 1997, consisted of in-class questionnaires completed by 6,748 adolescents—3,586 girls and 3,162 boys—in grades five through twelve. The classroom sample included a nationally representative cross-section of schools, with 265 public, private, and parochial schools participating.*