

The Gerontological Health Section of the American Public Health Association Presents

The 2005 Aetna
Susan B. Anthony Award
for Excellence in Research
on Older Women and
Public Health





The Aetna Susan B. Anthony Award for Excellence in Research on Older Women and Public Health

This award program is designed to honor individuals whose research has made significant differences in the lives and health of older women. The award was created in 2000 through a \$50,000 endowment provided by Aetna in conjunction with the Gerontological Health Section of the American Public Health Association (APHA). The award focuses on professionals who provide research on documenting public health needs and/or examining public health interventions that will help older women.

The Gerontological Health Section of the American Public Health Association

The Gerontological Health Section of APHA works to call attention to the public health care needs of an aging population. There is special focus on stimulating public health actions to improve the health, functioning and quality of life of older persons.

American Public Health Association

APHA is an association of individuals and organizations working to improve the health of all Americans. It promotes the scientific and professional foundation of public health practice and policy, advocates the conditions for a healthy global society, emphasizes prevention, and enhances the ability of members to promote and protect environmental and community health.

We want you to knowSM



Aetna

As a health care company, Aetna is interested in being part of a solution in which the majority of older Americans can live full and healthy lives. For women, in particular, the increase in longevity means that American women continue to be affected by chronic disease, frailty, loss of independence and disparities in care related to racial and socioeconomic backgrounds. Through our support of the Susan B. Anthony Award and the Gerontological Health Section of the American Public Health Association, we are able to work toward our mutual goal of recognizing and encouraging research that will enhance the quality of care that older women can look forward to receiving in the years ahead.



About Susan B. Anthony

Susan Brownell Anthony was born in 1820 in Adams, Massachusetts. In 1849, while living in Rochester, New York, Susan B. Anthony began her first public crusade on behalf of all who were oppressed, including African Americans, women and immigrants. Discouraged that those working for “Negro” suffrage were willing to continue to exclude women from voting rights, Susan B. Anthony became more focused on woman suffrage after the Civil War. She helped found the American Equal Rights Association and in 1868 with Elizabeth Cady Stanton, founded the National Woman Suffrage Association. Susan B. Anthony died in 1906, leaving behind a lifetime of fighting for the rights of women. In 1920, more than 14 years after her death, the 19th Amendment to the United States Constitution guaranteed women the right to vote.

Winner of the 2005 Aetna Susan B. Anthony Award for Excellence in Research on Older Women and Public Health

“Expanding Access to Mammograms for Older Rural Women: SPARC’s Community-Wide Approach to Delivering Clinical Preventative Services”

Linda Cormier, R.N., M.S.
Program Manager
SPARC (Sickness Prevention Achieved through Regional Collaboration)
Lakeville, Connecticut

“It would be wonderful if by winning this award I have an opportunity to talk to more people about our outreach program. It is such a compelling program because it is easy to implement, inexpensive and most important, it saves women’s lives.”

– Linda Cormier, R.N., M.S., winner of the 2005 Aetna Susan B. Anthony Award for Excellence in Research on Older Women and Public Health.



Linda Cormier, R.N., M.S.

Linda Cormier, R.N., M.S., is program manager for SPARC (Sickness Prevention Achieved through Regional Collaboration), an organization committed to increasing the use of preventive medical services. SPARC was launched by the Berkshire Taconic Community Foundation in 1994 to provide leadership, expertise and support for disease-prevention initiatives. SPARC acts as a local bridge between medicine and public health. Rather than view the physician-patient encounter as the beginning and end of a delivery system, SPARC considers physician practices as one element in a community-wide network of activities. The program’s mission is not to provide preventive services directly, but to generate activities that increase the use of immunizations and screenings for cancer and cardiovascular disease. Ms. Cormier is responsible for a Rural Health Outreach grant funded by the Federal Office of Rural Health Policy and designed to increase the delivery of clinical preventive services in rural communities of Litchfield, Berkshire and Dutchess counties in Connecticut, Massachusetts and New York, respectively. SPARC maintains a neutral, noncompetitive position among 158 collaborators in these counties.



Q&A's with Linda Cormier, R.N., M.S.

Q: What is the essence of the flu clinic/mammogram outreach program?

A This program targets rural women who are behind schedule in getting mammograms or may not otherwise get mammograms by reaching out to them when they attend community flu shot clinics. The program then facilitates the mammogram appointment. It is a good fit since an influenza vaccination is recommended annually, as is a mammogram. We call this a flu/mammogram bundle program.

In 1997, SPARC's president, Douglas Shenson, M.D., with the help of staff member Diane DiMartino, initiated this mammogram outreach program. In the fall of 2003, SPARC expanded the project to include mammograms for women attending community flu clinics in the tristate area. The population of these rural communities is approximately 132,000.

Q: How does the program work?

A Trained outreach workers assist women attending community flu clinics to complete a health survey called "The Prescription for Life." Older women who have not had mammograms within the last 12 months are offered help making appointments at local radiology facilities. Staff from the radiology facilities assist us in scheduling appointments on the spot. As another option, we can have the radiology facility staff contact the individual at home to set up the appointment. We have found that a high percentage of the women who make mammogram appointments while at flu clinics keep them.

Q: Why is this necessary?

A Breast cancer is the second-leading cause of cancer death in women, exceeded only by lung cancer. It has been reported that women in rural communities are less likely to have mammograms than women in urban settings. Community flu clinics are an excellent way to reach out to rural women who do not have regularly scheduled mammograms. The use of community volunteers such as outreach workers has been shown to be effective in encouraging these women to have mammograms.

Q: Where do you conduct your program?

A At 32 selected community flu clinics.

Q: Do other organizations participate in the project?

A Our collaborators are the champions of this project. They work together to make it a success. Our partners include the American Cancer Society, area health departments, visiting nurse associations and mammography providers.

Q: What if a woman cannot afford a mammogram?

A Women who are uninsured or underinsured are referred to the local office of the National Breast and Cervical Cancer Early Detection Program. This program provides breast and cervical cancer screening services for underserved women, and is available in every state. More information can be found on this program through the National Breast and Cervical Cancer Early Detection Program's Web site, www.cdc.gov/cancer/nbccedp.

Q: What are some of the barriers to the success of the program?

A Barriers to getting a mammogram for rural women include fewer health care providers, long distances to travel with no public transportation, low income and education, and a higher percentage of uninsured or underinsured women. Also, cultural concerns for privacy and confidentiality arise in rural communities, as health care providers often live in the same community as they work. Rural women also share with their urban counterparts numerous barriers to getting mammograms. These may include the fear of disease and pain, concerns of modesty, inadequate health insurance, difficulties in obtaining referrals from their

primary care physicians, cost, confusion over recommendations, staffing shortages and long waiting periods.

Q: What is the future for the program?

A There is a commitment to the future success of the program from all of the agencies involved, including the American Cancer Society. I am confident it will continue to support health care for rural women in our area for many years to come. Personally, I would like to be able to continue to promote this program to various national groups. To do this, I would like to create a tool kit and manual on a DVD for distribution on the Internet. It would contain information on how one recruits and trains volunteers for the program, sample forms, posters and flyers, HIPAA and confidentiality information, a timeline, etc. We also would like to produce a video, so individuals all across the country can learn how to set up a similar project. We are looking for funding to build on what has been started here.

Q: What does it mean to you to win the 2005 Aetna Susan B. Anthony Award?

A It is exciting to be able to tell our story of expanding access to mammograms for older rural women and to spread the word among APHA members. I am pleased to share the award with my colleagues Richard Benfer and Douglas Shenson, M.D. The more people I talk to about the project, the more people will say, "Yes. I think I could do that in my community." So it is moving into other communities. What is meaningful to me is that this is a public health project that works, one that was designed to work in rural communities and one that saves women's lives.



“Expanding Access to Mammograms for Older Rural Women: SPARC’s Community-Wide Approach to Delivering Clinical Preventative Services”

Authors: Linda F. Cormier, R.N., M.S.; Richard W. Benfer, M.P.H.; Douglas Shenson, M.D., M.P.H.

Introduction:

A disease-prevention program based in southwestern New England has taken on the challenge of improving breast cancer screening for rural older women. SPARC (Sickness Prevention Achieved through Regional Collaboration) is a nonprofit health care organization created to improve the health of residents of the Berkshire Taconic region by increasing their use of disease-prevention services.

Setting:

The location for this project is a contiguous rural area at the junction of Connecticut, Massachusetts and New York that includes southern Berkshire County, Massachusetts; northwest Litchfield County, Connecticut; and eastern Dutchess County, New York.

The population of these rural communities is approximately 132,000 people.

Methods:

At 32 selected community flu clinics in a contiguous rural area at the junction of Connecticut, Massachusetts and New York, trained outreach workers assisted clinic participants in completing a health survey called the “Prescription for Life.” Only women over 50 who had not had a mammogram in the past 12 months were enrolled.

Results:

A total of 1,144 women age 50 and older were interviewed at 32 flu clinics. Of those interviewed, 256 reported they had not had mammograms in the past 12 months and 116 (45 percent) requested mammogram appointments. Sixty-eight (60 percent) had mammograms within seven months.

Discussion:

Utilizing the community flu clinic as the setting for mammography outreach has been shown to be an effective method for women to obtain their annual mammograms.

Recommendations:

Providing mammogram outreach at community flu clinics is an efficient and effective way to increase mammography rates for rural women. This project shows great promise for replication in urban and suburban communities.

For more information, contact
SPARC at info@sparc-health.org

or

SPARC
P.O. Box 746
Lakeville, CT 06039
1-888-557-7272

Honorable Mention of the 2005 Aetna Susan B. Anthony Award for Excellence in Research on Older Women and Public Health

“Insurance Coverage and Health Care Use Among Near-Elderly Women”

Xiao Xu, Ph.D.
Research Investigator
Department of Obstetrics and Gynecology
Department of Health Management and Policy
University of Michigan
Ann Arbor, Michigan

“The decline in health that takes place in many women between the ages of 55-65 (the near-elderly) will have an impact on the cost of care when these women sign up for Medicare coverage at age 65. I would like to see more research done in this field, to see the health of near-elderly women studied on a much deeper level.”

– Xiao Xu, Ph.D., Research Investigator
Department of Obstetrics and Gynecology
Department of Health Management
and Policy, University of Michigan

Xiao Xu’s, Ph.D., research interests include health care access, women’s health care and aging. She is currently involved in several research studies at the University of Michigan, including investigating the influence of insurance coverage on an older person’s use of prescription medications, racial disparities in health care access, the impact of obstetrical providers’ medical liability insurance cost and its impact on women’s access to quality obstetrical care.



Xiao Xu, Ph.D.



Q&A's with Xiao Xu, Ph.D.

Q: What are the most significant factors found in your research on the female near-elderly population?

A Our study's most important finding is that insurance coverage significantly affects the treatment and health of women who fall into the near-elderly age category, that is, ages 55-64. Our findings show that one in 10 in this age range are without coverage. Those who have better health care coverage are more likely to get adequate and appropriate care for their health.

Our study tracked the number of near-elderly women (of a data set of 3,471) who had visits with physicians in the course of one year, how many of these women had two visits with their doctors and how many had overnight hospitalizations.

For the 10 percent of women who have no health insurance at all, the

study shows that they are apt to get treatment through the services of an emergency room, a practice that does not allow for follow-up treatment and puts many of them into debt.

The study clearly shows that near-elderly women with no health insurance or those who are underinsured face a barrier to health care.

Q: What were the challenges of doing this research?

A The biggest challenge of doing this line of research is finding relevant data, as the near-elderly have been overlooked in previous research. There have been many studies on barriers to health care and the role health insurance plays in poor health, but there has been relatively little study of near-elderly women who fall into this category.

This is an important age group. Most of the people in this age range start to see a deterioration of their health status. It is an important age group to look at to identify barriers to good health.

Q: What are the insurance challenges in this demographic segment?

A There are special challenges to maintain and obtain coverage in this age group, even for those who have been insured. A woman is often likely to retire or her spouse will retire during this time. If they then have to purchase health insurance, it may be too expensive; or what is worse, they will be denied coverage because of a pre-existing condition.



Q: What is the significance of your research?

A I see two major implications from our study. The first is based on our findings in reviewing and interviewing thousands of near-elderly women. It is clear that health insurance imposes a significant barrier to obtaining proper treatment for the near-elderly age group.

However, there is a broader issue that is very important to acknowledge. Our findings have implications for the Medicare program, because the health status of the near-elderly will greatly influence the cost of care as this age group transitions on to Medicare. The decline in health that takes place in many women between the ages of 55-64 and the shortage of adequate care for people in this age group will have an impact on the cost of care when they sign on for Medicare coverage. It is assumed

that they will require more intense and expensive therapy once they reach the Medicare age due to lack of health care in the preceding decade.

Q: Is the federal government undertaking any similar research?

A There now is a definite focus within government agencies on conducting aging-related research. In addition to studying the health of people who are Medicare eligible, more attention is now being paid to the near-elderly. This is very encouraging. I hope that the Susan B. Anthony APHA Gerontological Award will highlight this area of research and inspire others to focus on the near-elderly population to try to identify their health problems and how they can be helped.

Q: Do you have any recommendations?

A I would like to see more research conducted in this field, so that this group of women can have access to better health care. The aging population is an important issue in public health. By the year 2025, there will be 5 million more people in this age group than there are now. I would like to continue to focus on the near-elderly population and conduct more studies that will provide us with hard data from which to generate policy recommendations. Additional scientific data showing the case is important for determining specific policy actions.

“Insurance Coverage and Health Care Use Among Near-Elderly Women”

Authors: Xiao Xu, Ph.D.; Divya A. Patel, Ph.D., M.P.H.; Anjel Vahratian, Ph.D., M.P.H.; Scott B. Ransom, D.O., M.B.A., M.P.H.

All authors are from the Department of Obstetrics and Gynecology, University of Michigan, L4000 Women’s Hospital, 1500 East Medical Center Drive, Ann Arbor, MI 48109-0276.

Objectives:

Data on near-elderly (ages 55-64) women’s access to and use of health care have been limited. In this study, we sought to examine the status of near-elderly women’s health insurance coverage in the U.S. and how it may influence their use of health care services.

Methods:

A nationwide random sample of women ages 55-64 was drawn from the 2002 wave of the Health and Retirement Study. Descriptive statistics were calculated; and multivariable regression analyses were performed to quantify the impact of insurance coverage on near-elderly women’s use of outpatient services, inpatient services and prescription medication over a two-year period.

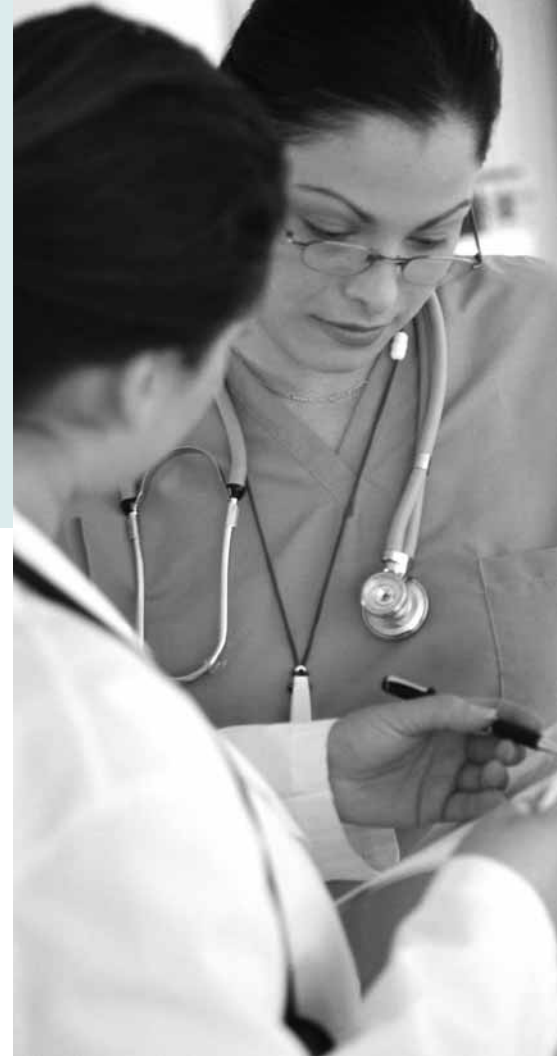
Results:

In 2002, 9.4 percent of near-elderly women in the U.S. were uninsured and 15.4 percent had public coverage. Those who had coverage for a particular service were significantly more likely to use that service compared to women without coverage, with odds ratios ranging from 1.7 to 5.8 for services such as a physician visit, hospital stay, outpatient surgery, dental visit and use of prescription

medication. Among those who had at least one physician visit, near-elderly women who had some of the cost covered by insurance reported significantly more visits than women without coverage. Likewise, for near-elderly women regularly taking prescription medications, having more extensive coverage significantly increased their likelihood of medication adherence.

Conclusions:

The nature of a near-elderly woman’s insurance coverage significantly affects her use of health care services. More attention is needed to improve the health care of near-elderly women with inadequate insurance coverage.



Call for Abstracts

For the 2006 Aetna Susan B. Anthony Award for Excellence in Research on Older Women and Public Health,

The award-winning paper will:

- 1) frame research questions and analyses to address an issue of importance to older women and public health
- 2) include explicit recommendations for furthering research and practice of relevance to older women

The criteria for selection are:

- 1) the importance of the topic
- 2) rigor of the design, analysis and conclusions
- 3) quality of writing
- 4) the potential benefit to the field

Candidates are identified by self-nomination in submission to the APHA/GHS Call for Abstracts. Following a preliminary screening of abstracts eligible for this award, a journal-length article and narrative biosketch are requested from

those selected by the review committee.

The winner is expected to attend APHA's annual meeting in Boston, Massachusetts, in November 2006 to receive recognition at the GHS Awards Session and to present his or her findings in a GHS paper session. Honorable Mention may be awarded to other finalists.

The Selection Committee is chaired by Marcia Ory, Ph.D., M.P.H., past chair of the Gerontological Health Section and chair of the Gerontological Health Section's Special Interest Group on Older Women's Health Issues. Questions about the award may be directed to mory@srph.tamhsc.edu.

The American Public Health Association and its Gerontological Health Section gratefully acknowledge the generous support received from Aetna Inc. to endow the Aetna Susan B. Anthony Award for Excellence in Research on Older Women and Public Health.

Past winners of the Aetna Susan B. Anthony Award for Excellence in Research on Older Women and Public Health:

- 2001 Julia A. Dodge, M.S.
- 2002 Paulo H.M. Chaves, M.D., Ph.D.
- 2003 Nancy P. Gordon, Sc.D.
- 2004 Debra A. Heller, Ph.D.

