

The Female Face OF HEALTH CARE

Women's health centers are expanding beyond ob/gyn concerns to comprehensive, holistic care. Proponents say the focus on education, service, and choices means the future of these specialized centers looks bright.

By Lain Chroust Ehmann

WHEN PEOPLE THINK OF "women's health care," family planning clinics or traditional reproductive health centers most often come to mind. But thanks to legal and social movements in recent decades, women's health goes far beyond ob/gyn concerns. Physicians across the country—from orthopedic surgeons to psychiatrists—are finding that these women-centered environments are just the place to make their professional home.

Modest origins

Prior to the 1960s, women-only health-care organizations were almost strictly women's hospitals and family planning clinics. According to the authors of

a 1995 survey of women's health centers published in *Women's Health Issues*, five distinct types of health centers focused on women's needs: primary care centers, reproductive health centers, birth centers, breast centers, and a diverse "other" category, which included centers offering a variety of specialized services from bone screening to respiratory health.

The progression toward more varieties of health care, according to the survey authors Carol Weisman, Barbara Curbow, and Amal Khoury, was instigated in part by the legalization of abortion in the early 1970s. Other events like the National Institute of Health's decision to include women in studies and clinical trials and lawsuits against breast implant manufacturers in the late '80s and early '90s also contributed to the movement, says Beth Battaglino, the director of marketing for the National Women's Health Resource Center. The National Women's Health Resource Center is a 10-year-old clearinghouse for women's health infor-

Women's Health Research

With all the interest in women's health care, there's relatively little research that addresses which models of women's care are most effective. Recognizing the need for structured study of women's health care, the Office on Women's Health in the Department of Health and Human Services established its National Centers for Excellence in Women's Health program in 1996.

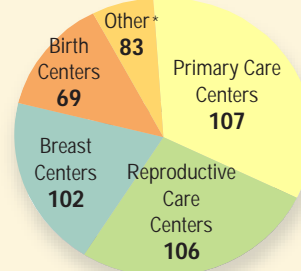
Funded in part by the Office on Women's Health, the program's intent is "to provide state-of-the-art comprehensive and integrated health care services, multidisciplinary research, and public and health-care professional education targeted toward the special

needs of women, including underserved and minority women."

Through a combination of health-care services, research programs, public education, and training for health-care professionals, the 17 so-called Centers of Excellence, located at academic institutions around the country, will serve as models for the rest of the country.

Based on a "one-stop shopping" model of service provision,

Types of Women's Health Centers



* Other centers include education/referral centers offering limited clinical services, inpatient units/pavilions, and a variety of other specialized centers (e.g., breast and bone screening.)

SOURCE: "The National Survey of Women's Health Centers: Current Models of Women-Centered Care" by Carol S. Weisman, PhD, Barbara Curbow, PhD, and Amal J. Khoury, MPH. Published in *Women's Health Issues*, Vol. , No. 3 Fall 1995

the centers take a multi-disciplinary approach to research, working to develop and maintain collaborations across academic departments. Education is also an important component of the centers, both in providing information to the community and to health-care professionals, as well as working to establish a women's health focus in medical school curriculum.

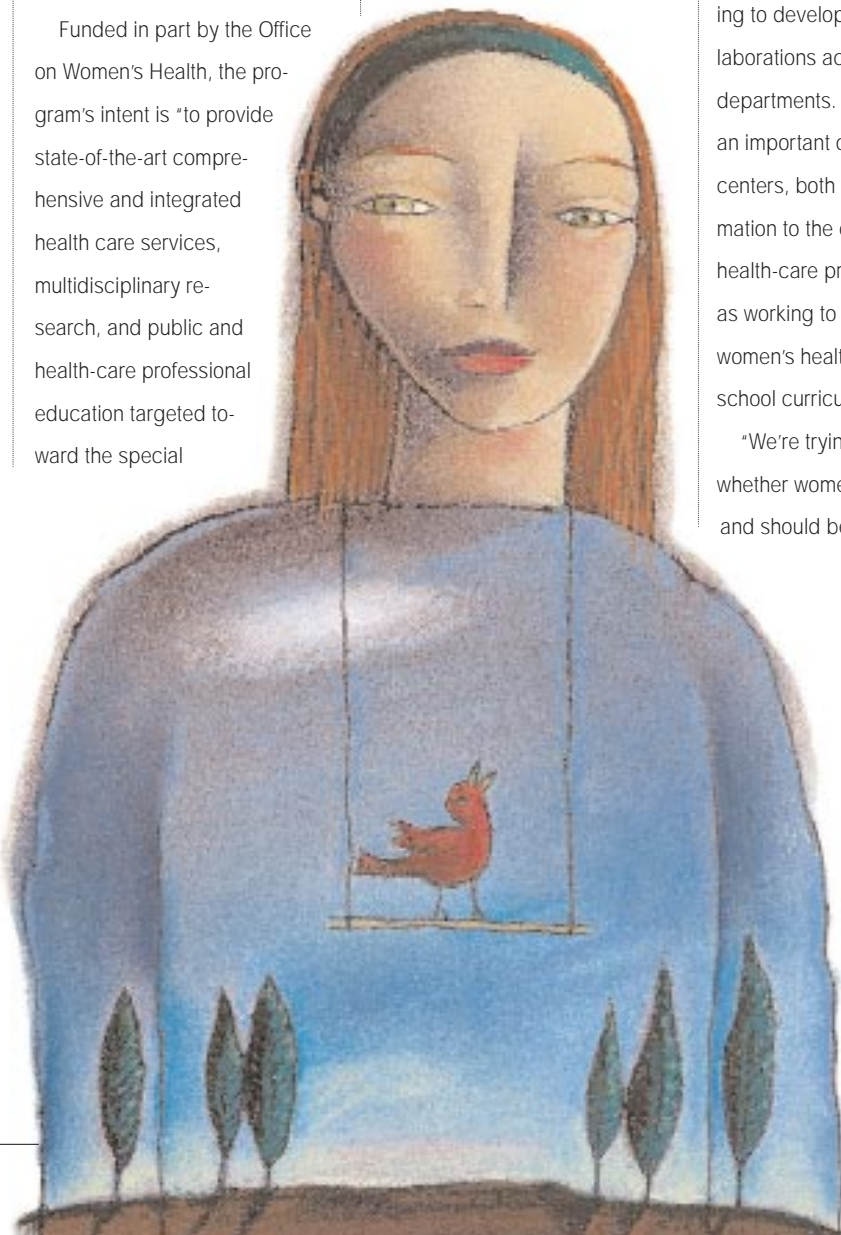
"We're trying to look at whether women's health care can and should be different," says

Susan Wood, PhD, the director of policy and program development for the Office on Women's Health.

"It's still an experiment." ■

Centers of Excellence

- Boston University Medical Center
- University of California, Los Angeles
- University of California, San Francisco
- Harvard University
- University of Illinois at Chicago
- Indiana University School of Medicine
- Magee Women's Hospital, Pittsburgh
- MCP Hahnemann University, Philadelphia
- University of Michigan
- Ohio State University
- University of Pennsylvania
- University of Puerto Rico
- Tulane University and Xavier University of Louisiana
- Wake Forest University, Winston-Salem, NC
- University of Washington, Seattle
- University of Wisconsin, Madison
- Yale University



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mation located in New Brunswick, New Jersey. "All of the sudden, you saw all these women's health issues in the news," Battaglini says.

As a result of the growing interest in women's health, a variety of organizations—women's health clinics, freestanding birth centers, women's health centers at hospitals, and breast centers—emerged, each with its own structure, client base, and purpose. "Health-care organizations from physicians' offices to hospitals and health systems to for-profit ventures have increased their focus on women's health," says Battaglini.

How many are there?

Different definitions of what constitutes a women's health center have led to difficulties quantifying the number of existing centers. In addition, new centers pop up constantly, making broad-based surveys out of date almost as soon as they are completed. Finally, surveys are typically self-reported, which can lead to interpretation and quality variances.

Weisman's survey represents the most comprehensive and recent account of women's health organizations available. The survey showed a total of 467 women's health centers in the United States (see Types of Women's Health Centers, page 37). "We know there are an increasing



Dr. Jo Hannifan, an orthopedic surgeon and co-founder of the Women's Sports Medicine Center in New York City, says many of the women she sees express dissatisfaction with traditional, male-centered sports medicine. The providers didn't always attach enough importance to the women's queries.

number of primary care women's health centers in the country," says Weisman, noting a trend toward the establishment of such centers by hospitals. "The idea seems to be growing,

but at the same time, no one knows how many are out there [now.]"

The movement is self-perpetuating. As more women's health organizations emerge, greater attention is paid

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to women's health. And as the largest segment of our population—the 75 million strong baby boomers—grows older, they become more concerned with issues of health and wellness.

What's different about women's health?

Some might argue that these forces cross gender boundaries rather than being specifically women's concerns. Ask those physicians who serve a female population, however, and they attest that there are differences between the sexes.

"When I was in residency, my goal was to be as gender-neutral as possible," says Dr. Jo Hannifan, an orthopedic surgeon with the Women's Sports Medicine Center at the Hospital for Special Surgery in New York City. "After years of maintaining that men and women were the same, as I evolved in my practice, I realized there were differences, and there were things I could do" to treat women more effectively.

Hannifan founded the Women's Sports Medicine Center with Dr. Lisa Callahan, a board-certified physician in primary care and sports medicine. The center, which opened in January 1998, comprises a team of health-care professionals dedicated to serving active and athletic women. The team includes physicians from



Clay Young, with Women's Healthcare Affiliates in Texas, says he and the other ob/gyns there often provide primary care to their patients.

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multiple medical specialties (orthopedics, family practice and physiatry), as well as physical therapists, exercise physiologists, athletic trainers, nutritionists, and nurses.

Many physicians who work with females comment on the desire their patients have for medical staff to listen to

them, to explain the diagnosis and treatment, to lay out the

various options available. Some women's health-care centers, regardless of specialty, base their entire organizations upon this need. "We do have longer appointment times so we can actually have that kind of appointment," says Deborah Porter, the administrative director for the Center for Women's Health at

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Evergreen in Kirkland, Washington.

The Center for Women's Health, a private practice with an ob/gyn specialty established in 1997, includes four MDs and is expanding to offer more primary care services to its clients. Its staff spends significant resources on making the patients feel heard, and encouraging them to become active participants in their health. For example, the Kirkland practice has a designated patient education room, with pamphlets, computers with Internet access, and videotapes of health-related information. Each exam room also has a television and VCR for educational use. "It's a matter of empowering the patient, and we do that through education," says Porter.

Women, even more so than men, also are looking to be treated as a whole person, says Susan Wood, PhD, the director of policy and program development with the Office on Women's Health in Washington, D.C. "Women are really tired of 'health by body part.' They want a much more comprehensive and holistic approach to what physicians know and how they treat [patients]," says Wood.

As a result, many ob/gyn centers are beginning to offer primary care services to their patients, and vice versa, says Wood. "Primary care practitioners are trying to take on issues around reproductive health in a more real way than they have in the past," she says. "I think we're moving to a more comprehensive approach to women's health."

This move towards comprehensive health only makes sense, says Porter. "We're trying to fill more needs for the woman," she explains. "If [the ob/gyn] can see other issues, or if someone in the office can, that makes it more con-

venient for the patient." Clay Young, one of nine ob/gyns with Women's Healthcare Affiliates in Montgomery County, Texas, agrees. "A lot of times the ob/gyn is the only person females will see. They're coming in for their annual examination, and we try to handle a lot of their problems, especially the screening stuff for high blood pressure, high cholesterol, diabetes, osteoporosis, and those types of things. If we need to refer them out to a specialist, we can do that. We also do quite a bit of primary care. Not so much that we're experts at treating hypertension or upper respiratory infections, but we still do quite a bit of it," says Young.

Looking beyond mainstream

The double desires for educational empowerment and comprehensive care also can translate into an openness to beyond-the-mainstream therapies, whether it be massage for prenatal backaches or alternatives to hormone replacement. Complementary options, says the National Women's Health Resource Center's Battaglini, have "become very hot right now. Women are very interested in that. They realize there are other options besides drugs, especially as they go into menopause."

"We give people options," says Dr. Mary Wittman, an ob/gyn with the Center for Women's Health at Evergreen. "A lot of people want alternatives." One such alternative that center offers is a naturopathic physician who works collaboratively with the rest of the medical staff. Rather than having to choose between traditional western medicine and an "alternative" path, patients can opt for a hybrid approach, in which the health-care provider team will develop a joint plan of action. "Patients want that. They

want options," says Wittman.

That's a sentiment heard over and over again when speaking with women's practitioners. "Women are very active participants in their health care," says Battaglini. "They demand to be treated with dignity and respect, and they want to be informed, proactive decision-makers regarding health care for themselves and their families." Women want doctors to listen to them, to make them partners in their own care, and successful physicians take that charge to heart. Orthopedic surgeon Hannifan says many of the women she sees express dissatisfaction with traditional, male-centered sports medicine. Not only are the treatments unproven for efficacy on females, the providers didn't always attach enough importance to the women's queries. "We took their concerns seriously," says Hannifan.

Wittman echoes this experience, saying patients often mention how previous doctors didn't listen or weigh their concerns heavily enough. "We really listen to women's issues. We don't belittle any of their problems."

Equal opportunity specialty?

The reasons for choosing to go into women's health are as diverse as the physicians themselves. Some, like Young, chose ob/gyn work because of the challenges the field presents. "When I started medical school, ob/gyn was the last thing I wanted to do," says Young. "But I discovered it was a lot of fun. We're in the clinic, then we also have acute care in the hospital, and we also get to do surgery. And then there's also ultrasound and other things. It's a very broad-based specialty, so even though it focuses on women's health, there's a lot of different areas you get to practice in."

Other practitioners, such as Dr.

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Andrea Wilson, a psychiatrist with Women's Healthcare Partnership, a women's mental-health center in St. Louis, recognized that meeting the needs of what they consider an underserved population could be both emotionally fulfilling as well as economically sound.

Hannifan of the Women's Sports Medicine Center also believes she is more effective at treating patients of the same sex. "It took some maturity on my part to realize I'm actually better at taking care of a 35-year-old [female] runner than a 16-year-old football player," she says. "I can still take care of the 16-year-old, but I don't know what it's like to get hit on the field." On the other hand, Hannifan, a national rowing champion, can identify with the challenges women face in maintaining their fitness as they age.

Wilson also believes that in her field women have an edge when providing care to other women. "Women psychiatrists have an inside advantage," she says, namely because patients seem to be more comfortable sharing intimate emotional information with other women.

If women have a leg up when providing health care to females, does that mean that men are at a disadvantage? It depends on whom you ask. "There are two views on that," says Young. "Some folks will say that women can be more empathetic or understanding just because they've been through certain things," but just because you're female doesn't mean you've experienced the issues your patient is facing, such as pregnancy, miscarriage, or menopause, he explains. "I don't think gender has anything to do with quality of care, compassion, or empathy. To me, it's a moot point. I can understand if people feel more

comfortable seeing one than the other. And it goes both ways. There are some of my patients that absolutely refuse to see a female doctor."

Most centers go by the guideline of finding the best care for their patients, regardless of the gender of the provider. The Center for Women's Health in Washington has an all-female staff, but routinely refers to a male surgeon because of his surgical specialty. "We try to fit the best need for the patient," says Deborah Porter.

Finding the Right Match

Naturally, physicians who make women's health their long-term career choice are comfortable with the kinds of demands their patients and their practice place upon them. Most doctors say a key to that comfort is finding an organization whose philosophy matches their own. Wittman, for example, began as a patient of the Center for Women's Health. She and the director—also her ob/gyn—"clicked," she says. "She just thought I'd really fit in here, and she offered me a job."

Deborah Porter, the administrative director for the center, says Wittman's seemingly casual job offer hides what is actually a thorough screening process for new hires. Porter says the Center receives more requests for employment than they could possibly accept, and as a result is very choosy about staff additions. "We're looking for a nice person, who's very trustworthy, who's looking out for women's health, who's looking at educating and empowering them. And they have to be able to work well as a team. It's definitely a sharing type of arrangement," she says.

A center's statement of philosophy or vision isn't just useful when evaluating staffing decisions; it's also essen-

tial for the organization's long-term economic viability, says the National Women's Health Resource Center's Battaglini. "A successful women's health program will not only have a relevant theory of its business, it will also have a central business idea for serving women and their families," she says. "Those centers that have prospered are centers that develop a business of women's health and an idea that takes advantage of the current and future forces driving the market. It really is a business plan."

One of the objections women's centers face is the criticism that they won't be economically viable. "There are some concerns that a women's health center in an academic center or any other organization might not be cost-effective," says Weisman. That's why Battaglini urges physicians considering joining or establishing a women's health center to do their homework first. "Sometimes people go-go-go instead of doing a little bit of research," she says.

Start by looking at the demographics of the area to ensure that the services provided match the needs of the population. For instance, a breast care center might prove more popular than a birth center, if it were to be located in Florida, Arizona, or another geographic area with a high percentage of elderly.

By the same token, says Battaglini, "You also have to look at the economic and social structure of the community" to ascertain that they'll not only be interested in, but also able to afford, the services you're providing.

Competition is another key factor to consider. What exists already, how well are they doing, and how can you distinguish yourself? Just because a similar organization exists doesn't

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mean yours wouldn't be a welcome addition to the area. You can establish an identity, recommends Battaglino, through "value and service, brand identification, comprehensiveness, portal entry to a system of health resources, and relationships."

One critical relationship to maintain is the relationship with the community hospital, if there is one. The hospital can present a wealth of information regarding the needs and demographics of the larger population, as well as about what has worked in the past and what hasn't. "Make it collaborative, not competitive," says Battaglino. Consider including appropriate hospital staff on an unofficial "board of directors" for your center, thereby allowing them the opportunity to comment on plans before they're implemented.

The future is bright

Experts agree that the future for physicians who wish to specialize in women's health is bright. The continued demographic changes of the population, coupled with the increased emphasis on preventive care and education, will offer a multitude of opportunities for qualified providers who do their homework. "Women are the primary health-care decision-makers for their households," says Battaglino. "They are the largest users of health-care services." And if there isn't a ready-made women's health center that matches your vision, the Center for Women's Health's Porter has a simple recommendation: "Start it yourself." ■

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