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The Relationship between Women’s Clinics and Hospital-Based Women’s Health Services, 1980-2000

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Introduction

The United States women’s health movement began in the 1960s as women throughout the country decided to take control of their bodies and their health care in the form of women’s clinics. These clinics were based on “for women, by women” health care, emphasizing self-help, education and birth control. Since the creation of clinics, their growth has appeared to fluctuate substantially by the effects of outside factors such as presidential impacts and antiabortionist vandalism. For example, during the Reagan administration, funding for women’s clinics decreased due to staunch “Reaganeomics,” and block funding (Morgen 2002) and later increased after Clinton’s entrance into office due to his more liberal tax policies (Moss 1996). Further, many clinics fumbled financially due to increased vandalism costs from antiabortionist defacement.

Throughout this time, women became the major health consumers in the United States. In 2002, for example, women controlled 66% of health care spending in the country, being responsible for both the health needs of themselves and of their families (Scalise 2003). Hospital administrators appeared to recognize that if they enticed women into their hospitals to seek medical care, the women would also bring their sick family members. This led to the co-optation of women’s health care and the shift in women’s care from clinics into hospitals. This shift also inspired the change from traditional feminist clinic services offered, such as abortion and birth control, to the new services offered by hospitals today, such as mammography, plastic surgery, and mental health treatments (Thomas and Zimmerman 2007). Because of the increased marketing opportunities for hospitals, we hypothesized that there would be a visual relationship between women’s health care services offered in clinics as compared to hospitals.

We hypothesized that our findings would reflect a general trend of decrease in clinics and subsequent increase in hospital numbers. We also proposed that the services offered in 2000, in both clinics and hospitals, would substantially differ from those offered in 1980, including an increased number of services offered and a variety of “new” services entering the women’s health market.

Methods

We gathered our data from the Boston, San Francisco, and Denver yellow pages, every four years from 1980 to 2000. We recorded all clinics and hospitals that appeared to be associated with women’s health; we found these associations under the following sections: clinics, clinics-medical, hospitals, physicians and surgeons, and women’s organizations and clubs. For each listing that featured an advertisement, we recorded the services that were marketed toward women’s health, such as gynecology, abortion, mammography, etc. When we finished recording the data, we used a line graph to show the number of clinics in each city, for each year. We also used a bar graph to demonstrate the most common services advertised to women in 1980 and in 2000.

Results

Overall growth of clinics: We found that the growth of clinics over time was consistent with our hypothesis. Each city followed the same pattern of growth, increasing in the 1980s until reaching its peak in 1988. Then, we found a sharp decline as the 1990s ensued, which could possibly be attributed to the effects of the Reagan era. The number of clinics increased slightly again after the Reagan administration ended and they tapered off by the end of the decade.

Overall growth of hospitals: We hypothesized that an increase of hospitals in an area would be the result of a decrease in clinics each year. However, we found the number of hospitals to be quite far from our expectations. We could possibly attribute the significant decrease in Denver hospitals to the splitting of the phone books into multiple Denver areas in 1992. This could have removed some hospitals from our records simply from those hospitals being recorded in another area. Boston’s phonebook was also divided in the 1980s and may have had an effect by 2000 depending on which Yellow pages the hospital administrators decided to advertise in. Other factors that may have contributed to the hospital decrease could be the increased availability of the internet as a source of advertising for hospitals and possible hospital buyouts and mergers.

Growth of services offered: We found that, consistent with our hypothesis, the types of services offered in 2000 was a varied version of those offered in 1980. Although there was not a substantial shift in services, there are some important differences. In 1980, abortion and birth control were among the most common services offered, but in 2000, they decreased in popularity. Further, in 2000, counseling became a new significant service offered. Additionally, in both 1980 and 2000, gynecology and obstetrics were the leading service offered to women, while clinics offered the majority of these two services in 1980, obstetrics became more centralized in hospitals by 2000. Also consistent with our hypothesis, the number of services offered in hospitals increased from 1980 to 2000, including a doubling of hospitals that offered obstetrics and breast evaluations.

References
