

# Almost One-Quarter of California Nonelderly Women Uninsured in 2009

Roberta Wyn and Elaine Zahnd

Passage of health care reform in 2010, the Patient Protection and Affordable Care Act (ACA), marks an important juncture for women in California. With full implementation occurring in 2014, major goals of the ACA are to greatly expand health insurance coverage and to strengthen components of the health care system. However, this juncture takes place during a period of state retrenchment in public programs, as the national economic recession of 2008–2009 and the ongoing state budget crisis have resulted in cutbacks in health and human service programs in California. Women have a large stake in health care reform as both primary users of health care throughout their lives and often as coordinators of care for their families.

This policy brief examines the health insurance coverage of nonelderly women in the state, ages 18–64, highlighting the demographic groups most at risk for lack of coverage as well as the changes that have taken place since 2007. Data for this policy brief are drawn from the 2009 California Health Interview Survey (CHIS 2009), collected before passage of health care reform but after the initial effects of the economic downturn. The brief provides important insights into the state of health insurance coverage for women and useful baseline data as California moves forward with health care reform

amid the effects of the budget crisis on the California population.

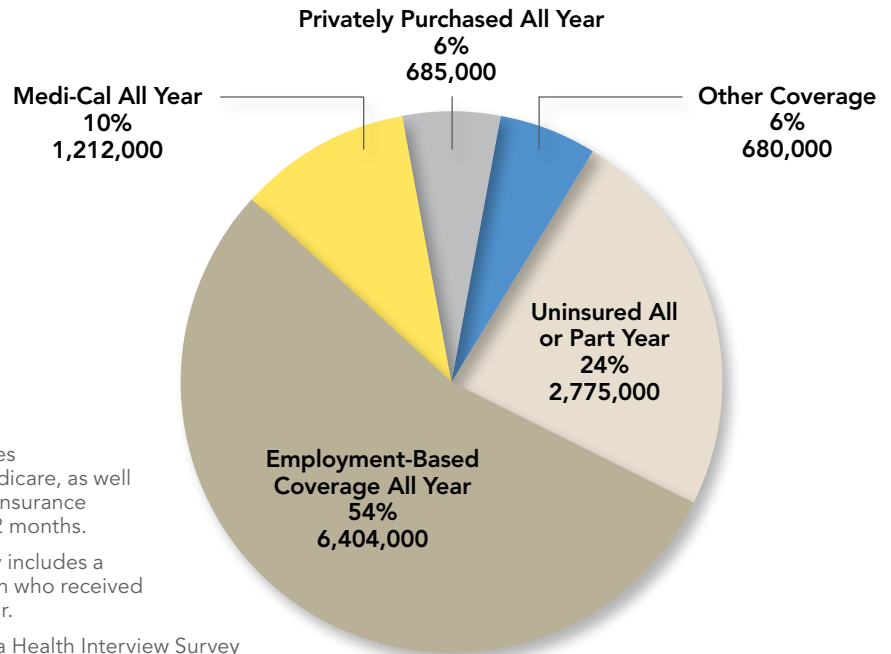
## Nearly One in Four Nonelderly Women Uninsured

In California, nearly one quarter of nonelderly women ages 18–64—24% or 2,775,000 women—were uninsured for all or part of 2009 (EXHIBIT 1).

Slightly over one-half (54%) of nonelderly women were covered by employment-based health insurance throughout 2009, obtained either through their own employment (33%) or through the employment of a family member (22%).<sup>1</sup>

*2,775,000  
nonelderly  
women were  
uninsured for  
all or part of  
2009*

## EXHIBIT 1 | Health Insurance Coverage During Past 12 Months, Women Ages 18 to 64, California, 2009



### Notes:

Other coverage includes CHAMPUS/VA and Medicare, as well as any combination of insurance sources over the last 12 months.

The Medi-Cal category includes a small percent of women who received Healthy Families all year.

Source: 2009 California Health Interview Survey

Additionally, one in 10 women relied on coverage through Medi-Cal and 6% had privately purchased policies. An additional 6% had other coverage arrangements including Medicare, CHAMPUS/VA or multiple coverage sources throughout the year.

### Proportion of Uninsured Women Has Increased

Changes in nonelderly women's health care coverage between 2007 and 2009 were closely examined because that two-year period spanned the time right before and during the recession when many jobs were lost. During this time period, the proportion of women uninsured increased from 21% in 2007 to 24% in 2009 (EXHIBIT 2). And the proportion of women insured through employment-based coverage declined from 56% in 2007 to 54% in 2009 ( $p=.06$ ).

However, the proportion of women with either Medi-Cal or privately purchased coverage did not change during this time period.

### Higher Uninsured Rates Among Younger, Low-Income, and Single Women as Well as Among Those Looking for Work

As described in detail in the following section, there were considerable disparities in uninsured rates across groups of nonelderly women in California (EXHIBIT 3).

**Age.** Younger women had the highest uninsured rate in 2009. One-third of women ages 18–29 were without coverage for all or part of the year. This age group also had the lowest employment-based coverage rate (37%) across the age groups (EXHIBIT 3).<sup>2</sup>

*The proportion of women uninsured increased from 21% in 2007 to 24% in 2009*

## EXHIBIT 2 | Changes in Health Insurance Coverage, Women Ages 18–64, California, 2007 and 2009

Health Insurance Coverage	2007	2009
Uninsured All or Part Year	21%	24%*
Employment-Based Coverage All Year	56%	54%**
Medi-Cal All Year	11%	10%
Privately Purchased All Year	6%	6%
Other Coverage	5%	6%*

### Notes:

\*Significantly different from 2007,  $p < .05$ .

\*\*Significantly different from 2007,  $p = .06$ .

The Medi-Cal category includes a small percent of women who received Healthy Families all year.

Source: 2007 and 2009 California Health Interview Surveys

Coverage rates were higher for women ages 30–44 years when compared to the younger group, but still one-quarter of women ages 30–44 were uninsured, a rate significantly higher than for women in the 45–54 (18%) and 55–64 (13%) age groups.

**Income.** Low-income women had the poorest access to health coverage (EXHIBIT 3). Nearly one-half (48%) of women with family incomes between 0–133% of the Federal Poverty Level (FPL) and 40% of women with family incomes of 134–199% FPL were uninsured for all or part of 2009.<sup>3</sup> The gap between low-income (<200% FPL) and higher income women was large: low-income women were at least five times more likely to lack coverage than women with family incomes above 400% FPL (8%).

The vast majority of women with the lowest family incomes (0–133% FPL) did not have access to employment-based coverage (only 13% were covered). Medi-

Cal (31%) prevented even higher uninsured rates for this group. Employment-based coverage improved modestly for women in the next income group (134–199% FPL) with 35% covered, rising to six in ten women in the 200–400% FPL income group and to 80% among women with family incomes above 400% FPL.

**Race/Ethnicity.** Differences in access to employment-based coverage and variations in Medi-Cal status were linked to the health insurance disparities seen across racial/ethnic groups (EXHIBIT 3). White women had higher rates of employment-based coverage (66%) than American Indian/Alaskan Native women (34%), Latinas (38%), and African-American women (49%). An exception was Asian/Pacific Islander women (62%), whose rate was not statistically different than that for white women.<sup>4</sup>

While Medi-Cal is an important safety net for nonelderly women, particularly for

*Low-income women had the poorest access to health coverage*

### EXHIBIT 3 | Health Insurance Coverage by Selected Characteristics, Women Ages 18–64, California, 2009

	Uninsured All or Part Year	Employment-Based All Year	Medi-Cal All Year	Privately Purchased All Year	Other Coverage	Total*
<b>Age group</b>						
18–29	34%	37%	14%	6%	8%	100%
30–44	25%	56%	10%	4%	5%	100%
45–54	18%	63%	9%	6%	4%	100%
55–64	13%	66%	7%	8%	6%	100%
<b>Family Income</b>						
0–133% FPL	48%	13%	31%	2%	5%	100%
134–199% FPL	40%	35%	13%	5%	7%	100%
200–400% FPL	18%	61%	5%	8%	8%	100%
401%+FPL	8%	80%	<1%	7%	5%	100%
<b>Race/Ethnicity</b>						
African American	26%	49%	17%	—	6%	100%
American Indian/Alaska Native	23%	34%	29%	—	—	100%
Asian/Pacific Islander	17%	62%	8%	5%	7%	100%
Latina	38%	38%	17%	3%	4%	100%
Two or more races	27%	52%	10%	—	—	100%
White	14%	66%	5%	9%	6%	100%
<b>Family Structure</b>						
Single, with children	32%	32%	29%	2%	5%	100%
Single, no children	31%	45%	9%	7%	7%	100%
Married, with children	20%	59%	11%	5%	5%	100%
Married, no children	14%	71%	2%	6%	6%	100%
<b>Work Status</b>						
Not employed and not looking for work	25%	41%	18%	7%	9%	100%
Not employed and looking for work	46%	27%	18%	3%	6%	100%
Part Time (fewer than 40 hours per week)	26%	51%	8%	9%	5%	100%
Full Time (40+ hours per week)	14%	75%	4%	4%	4%	100%

**Notes:**

\*Totals may not add to 100% due to rounding.

— Estimate not reliable due to small sample size.

The Medi-Cal category includes a small percent of women who received Healthy Families all year.

The 2009 Federal Poverty Level was \$11,161 for one person, \$14,439 for a two-person family and \$21,954 for a four-person family.

Source: 2009 California Health Interview Survey

Latinas, African-American women, and American Indian/Alaska Native women, it alone can't compensate for lower rates of employment-based coverage. Latinas had slightly over two and a half times the uninsured rate of white women, and African-American and multiple race women had nearly twice the rate.

**Family status.** A woman's family situation affects access to both private and public coverage sources. Single women (with and without children) had higher uninsured rates than married women, with approximately one in three single women uninsured compared to 14%–20% of married women (EXHIBIT 3). Single women had lower employment-based coverage rates; just one-third of single mothers and 45% of single women without children had employment-based coverage, compared to rates ranging from 59%–71% for married women.

**Work status.** Reflected in the previous demographic sections, connection to work was a major factor in access to coverage. Women not in the labor force who were looking for work had the highest uninsured rate (46%; EXHIBIT 3). This rate was three times the rate of women working full-time (14%) and higher than the rates of women working part-time (26%) or not working (and not looking for work; 25%). Predictably, women looking for work also had the lowest employment-based coverage rate (27%).

### **Slightly Over One-Half of Uninsured Women Working**

Even though work and coverage are closely entwined, working was not a guarantee of coverage for women (EXHIBIT 4). Among uninsured

nonelderly women, slightly over one-half were employed: 22% were working full time (40 or more hours per week) and 30% were working part-time (fewer than 40 hours per week). The remainder of uninsured women were looking for work (18%) or were not in the labor force (29%).

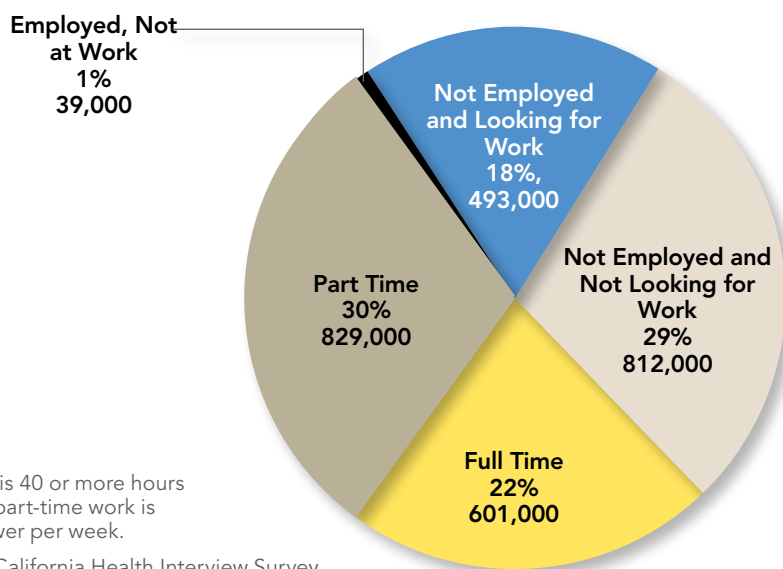
### **Variation Across the State in Uninsured Rates**

Regional differences in uninsured rates may reflect unique economic conditions in diverse rural or urban parts of California. EXHIBIT 5 displays regional results for the proportion of nonelderly women who were uninsured all or part of the year. The San Francisco Bay Area (17%) and the Sacramento region (19%) had rates slightly under one-fifth. In each of the remaining regions, including Los Angeles County, approximately one-quarter of nonelderly women were uninsured.

### **Safety Net Plays Important Role for Women**

While many nonelderly women with employment-based coverage or privately purchased plans reported going to a doctor's office for their usual source of care (80% and 78% respectively; EXHIBIT 6), the array of safety net providers in the state helped connect many women to care, and served as a usual source of care for 23% of nonelderly women overall. Four in ten women who received Medi-Cal (41%) and over one-third of uninsured women (36%) used safety net providers. Even though a smaller proportion of women with employment-based coverage used these providers (15%), they played a part in access for these insured women as well.

## EXHIBIT 4 | Work Status Among Women Who Were Uninsured All or Part Year, Ages 18–64, California, 2009



### Notes

Full-time work is 40 or more hours per week and part-time work is 39 hours or fewer per week.

Source: 2009 California Health Interview Survey

*Over one-third (36%) of uninsured women had no usual place where they received their health care, in contrast to just 4% of women with employment-based coverage*

Fourteen percent of nonelderly women in California had no usual source of care, a rate that varied considerably by health insurance status. Over one-third (36%) of uninsured women had no usual place where they received their health care, in contrast to just 4% of women with employment-based coverage. Women receiving Medi-Cal fell in-between at 17%. Women with privately purchased coverage also lagged behind women with employment-based coverage in lack of access to a usual place to receive care (12%).

### Uninsured Women and Those with Private Coverage Reported Higher Rates of Delayed or Forgone Care

Uninsured women were less connected to the health care system than other women. Nearly one-third did not visit a medical doctor in the past year, in contrast to 8% of women with

employment-based coverage (EXHIBIT 7). Rates of “no past year medical doctor visits” were similar between women on Medi-Cal (12%) and those with privately purchased coverage (15%), and both were less likely than those with employment-based coverage to have a visit.

For some women this meant going without needed health care; for others, this meant risky health care delays. Overall in the state, 18% of nonelderly women reported they delayed or did not receive care they thought they needed in the past 12 months. Uninsured women had the highest rate, with nearly one in three (28%) reporting they delayed or did not receive needed care in the past year, a rate higher than for women with other forms of coverage. The next highest rate was for women with privately purchased coverage (21%). Women receiving Medi-Cal and those with employment-based coverage had equivalent rates, at 15% each.

**EXHIBIT 5 | Percent Uninsured All or Part Year by Region, Women Ages 18–64, California, 2009**

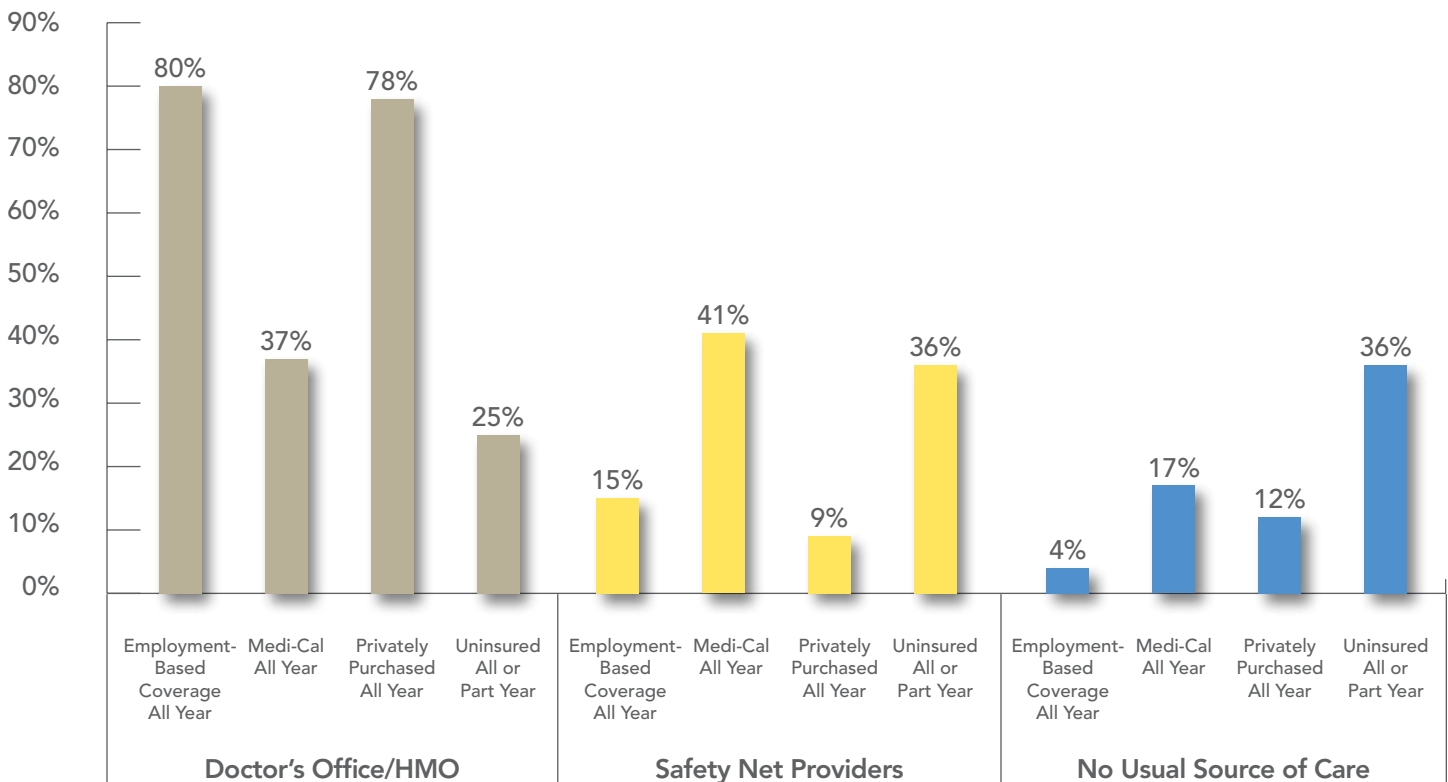
Region	% Uninsured All or Part Year	95% Confidence Interval
Northern and Sierra Counties	22%	19%–25%
San Francisco Bay Area	17%	13%–20%
Sacramento	19%	14%–24%
San Joaquin Valley	29%	24%–33%
Central Coast	24%	20%–29%
Los Angeles County	25%	22%–28%
Other Southern California	26%	22%–30%

**Note:**

The confidence interval (CI) shows the range where the actual value may lie. The 95% CI means that you can assume with 95% confidence that the actual value lies between the lower and upper CI range.

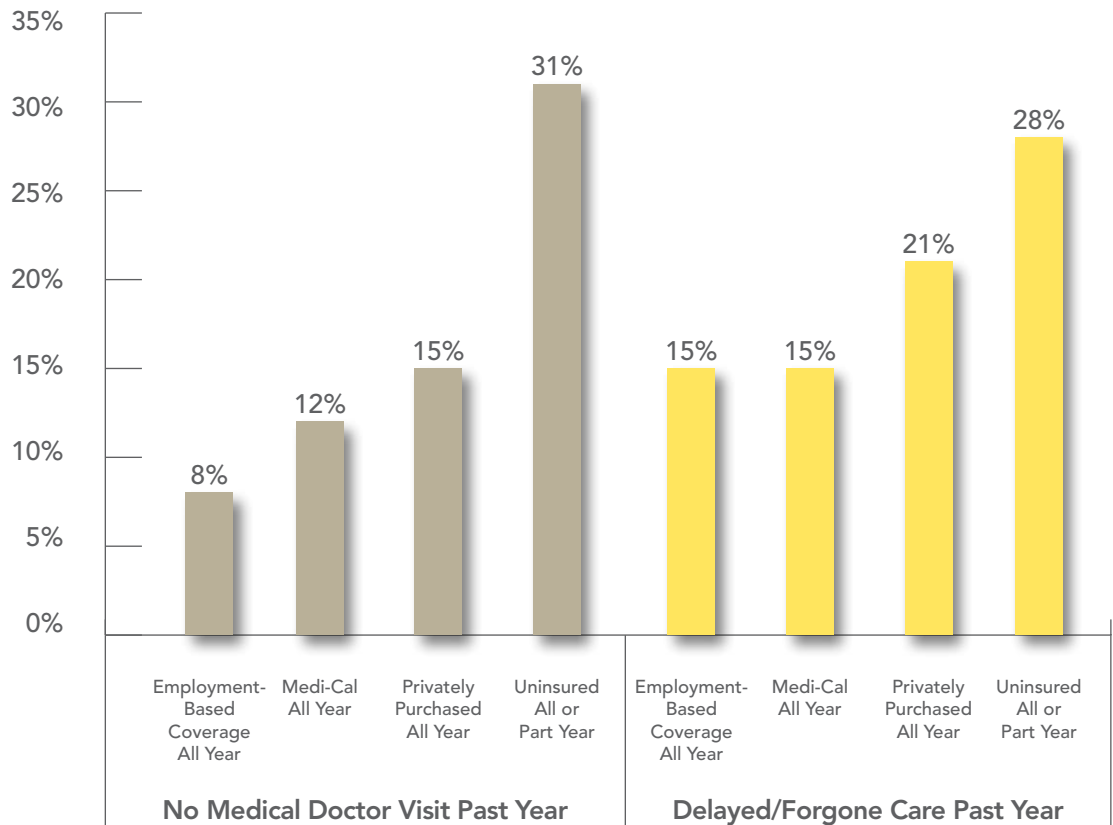
Source: 2009 California Health Interview Survey

**EXHIBIT 6 | Usual Source of Care by Health Insurance Coverage, Women Ages 18–64, California, 2009**



Source: 2009 California Health Interview Survey

**EXHIBIT 7 | Access Measures by Health Insurance Coverage, Women Ages 18–64, California, 2009**



Source: 2009 California Health Interview Survey

**Reason for Delaying or Going Without Care**

When women who delayed or went without care were asked if cost or lack of coverage was a reason, the majority responded affirmatively (67%, data not shown). By far, uninsured women were the group most likely to report cost or lack of health insurance coverage as a factor (91%). But uninsured women weren't the only ones who faced

financial strain. It was a factor for one-half to three-quarters of insured women who delayed or didn't receive care: 76% of those privately insured, 57% with Medi-Cal, and 48% with employment-based coverage responded that cost or lack of coverage was a reason for delayed/forgone care (data not shown).

## Discussion

The findings presented in this policy brief reinforce the importance of health care reform for women. In California, the proportion of nonelderly women who were uninsured increased between 2007 and 2009 as access to employment-based coverage declined during the recession. An insurance system based on employment-based coverage has always been precarious for women, who have lower incomes and less full-time connection to the labor market than men. In this recent recession that created high unemployment rates, workers in California faced a double threat: the loss of their jobs and the loss of health insurance coverage. While the job loss was worse for men than women initially, recent modest job gains have occurred for men rather than women. Women's unemployment rate reached a high of 11.4% in February 2011, where it remained as of June 2011.<sup>5-6</sup>

In these challenging times, women have faced the loss of jobs, which reduced access to coverage, as well as a decline in funding for public programs such as Medi-Cal, which has reduced services and access since the recession.<sup>7</sup> One-third of younger women and nearly one-half of women at the lowest family income levels lacked health insurance coverage, and Latinas had slightly over two and a half times the uninsured rate of white women and African-American women nearly twice the rate.

The inequities in coverage and in access highlighted in this brief and based on data collected before the passage of the ACA point to the importance of equalizing access to coverage and care.

A large portion of California women who now experience barriers to coverage and access will benefit from the major coverage expansion provisions of the ACA that are due to be implemented in 2014.<sup>8</sup> Medi-Cal will include eligible individuals with family incomes up to 133% of the FPL, and the California Health Benefit Exchange will provide subsidies for eligible individuals with family incomes up to 400% FPL to purchase coverage through the Exchange. The ACA provision implemented in 2010 to enable dependents up to age 26 to remain on their parents' health insurance plans has already increased access to coverage for this age group, according to national data.<sup>9</sup> From 2010 to early 2011, the percent of young adults between the ages of 19 and 25 with health insurance increased from 66.1% to 69.6%.

Other provisions of the ACA will improve access to preventive screenings, ensure an essential health benefit package, and limit financial risk due to health costs.<sup>10</sup> The implementation of the ACA is coming at a crucial time for California women as they face increased uninsured rates and growing disparity in access. The success of the ACA for women, as well as for all Californians, will depend on how well California wages a campaign to inform and enroll the uninsured in the new programs.

*The inequities in coverage and in access highlighted in this brief and based on data collected before the passage of the ACA point to the importance of equalizing access to coverage and care*

## Data Information

This brief is based on data from the 2009 CHIS, with comparative data from the 2007 CHIS. A random-digit-dial telephone survey of the California population living in households, CHIS interviewed 18,588 women ages 18–64 in 2009. Sampling tolerances at the 95% confidence level were used to calculate statistically significant differences between groups. All differences between groups reported in the policy brief are statistically different at the  $p < .05$  unless otherwise noted. The determination of adequate sample size to report data was based on analysis of the coefficient of variation (CV), using a criterion of 30. For more information on CHIS, please visit [www.chis.ucla.edu](http://www.chis.ucla.edu).

## Author Information

Roberta Wyn, PhD, is a research consultant at the Public Health Institute and an affiliate of the University of California at Los Angeles Center for Health Policy Research. Elaine Zahnd, PhD, is a senior research scientist at the Public Health Institute and staff to the California Health Interview Survey.

## Funder Information

This policy brief was funded by a grant from The California Wellness Foundation (TCWF). Created in 1992 as an independent, private foundation, TCWF's mission is to improve the health of the people of California by making grants for health promotion, wellness education and disease prevention. The authors appreciate the support provided by Saba Brelvi at TCWF.

## Acknowledgements

The authors would like to thank Carolyn Newbergh, PHI communications editor/writer, and Anne Sunderland, MPH, PHI development and communications specialist, for their assistance with editing and disseminating the brief.

The authors also thank the following people and programs at the UCLA Center for Health Policy Research: David Grant, PhD, and Shana Alex Lavarreda, PhD, MPP, for their review of the brief, the Statistical Support program for programming and statistical assistance, and the Communications program for dissemination.

Ison Design and Utap Printing provided the design and printing.

## Suggested Citation

Wyn R and Zahnd E. *Almost One-Quarter of California Nonelderly Women Uninsured in 2009*, Oakland, CA: Public Health Institute, 2011.

---

## Endnotes

- 1 Due to rounding, the total percent of these two sources of employment-based coverage (55%) is higher than the total percent of employment-based coverage overall (54%).
- 2 The ACA addresses the higher uninsured rate among young adults by enabling them to remain on their parents' coverage up to age 26.
- 3 The Federal Poverty Level (FPL) is based on household income and size. In 2009, it was \$11,161 for one person, \$13,991 for a two-person family, and \$21,954 for a four-person family. For example, for a family of four, family income of 133% FPL would be \$29,199.
- 4 Although an overall rate is presented, there are subgroup differences in employment-based coverage among Asian/Pacific Islanders: 84% of Japanese women, 73% of Filipino women, 63% of South Asian women, 61% of Chinese women, 53% of Vietnamese women, and 47% of Korean women had employment-based coverage throughout 2009.
- 5 Anderson, A. Special Report, *On the Edge: California's Workers Still Face the Toughest Job Market in Decades*, California Budget Project, September 2011.
- 6 Anderson, A. Special Report, *In the Midst of the Great Recession, The State of Working California 2009*, California Budget Report, September 2009.
- 7 California Budget Project, *Recent Cuts to the Medi-Cal Program Have Impaired Access to Services*, June 10, 2011.
- 8 Not all California women will be eligible for the coverage expansions. Both Medi-Cal and the California Health Benefit Exchange require eligible individuals to be citizens or legal permanent residents, and Medi-Cal has additional residency requirements. See, Lavarreda, SA, and Cabezas, L. *Two-Thirds of California's Seven Million Uninsured May Obtain Coverage Under Health Care Reform*, Los Angeles, CA: UCLA Center for Health Policy Research, February 2011.
- 9 Office of the Assistant Secretary for Planning and Evaluation, *One Million Young Adults Gain Health Insurance in 2011 Because of the Affordable Care Act*. Department of Health and Human Services, 2011.
- 10 Collins SR, Rustgi SD, Doty M. *Realizing Health Reform's Potential: Women and the Affordable Care Act of 2010*. The Commonwealth Fund, July 2010.



555 12th Street, 10th Floor  
Oakland, California 94607-4046

tel: 510.285.5500  
fax: 510.285.5501  
email: [communications@phi.org](mailto:communications@phi.org)  
web: [www.phi.org](http://www.phi.org)

***“Turning great ideas into healthier communities”***

The Public Health Institute, an independent nonprofit organization based in Oakland, California, is dedicated to promoting health, well-being and quality of life for people throughout California, across the nation and around the world. PHI’s primary methods for achieving these goals include: sharing evidence developed through program interventions, quality research and evaluation; public policy analysis and advocacy; providing training and technical assistance; and promoting successful prevention strategies to policymakers, communities and individuals.

For further information, contact **Jessica Tomlinson**, Special Advisor, Planning and Communications  
Public Health Institute, 555 12th Street, 10th Floor, Oakland, CA 94607 T: 510.285.5533 | F: 510.285.5501 | E: [communications@phi.org](mailto:communications@phi.org).