Rising Uninsured Rate Among Low-Income Women Ages 18–64 in California

Roberta Wyn and Elaine Zahnd

The recent recession and ongoing budget crisis have had tremendous impact in California. Low-income women are particularly vulnerable during times of economic turmoil and state retrenchment of programs. Besides financial exposure, their higher uninsured rates and poorer access to care leave them exposed health-wise. The passage of the Patient Protection and Affordable Care Act (ACA) in 2010, which transitions to full implementation in 2014, is an important counterbalance to the effects of the budget crisis on low-income women.

This policy brief examines disparities in health status, health conditions, health insurance coverage, and health care access among low-income California women ages 18–64 years. “Low income” is defined in the brief as having a family income below 200% of the federal poverty level (FPL). Data for this policy brief are mainly from the 2009 California Health Interview Survey (CHIS 2009) collected after the initial effects of the recent, severe economic downturn.

The findings show that between 2007 and 2009 low-income women’s uninsured rate increased from 40.8% to 45.7%. They also have poorer health status than women with higher incomes on most of the measured health indicators, especially among those ages 45–64, and worse access to insurance and to a usual place to receive health care.
4.1 Million California Nonelderly Women are Low Income
Slightly over one-third (34.9%) of California women 18–64 years of age—4,105,000 women—were low income in 2009. Eighteen percent of the low-income group have family incomes below the poverty level (0–99% FPL), and 16.9% have family incomes between 100–199% FPL.

EXHIBIT 1 | Low-Income Women by Age Group, Education, Race/Ethnicity, Family Structure, Ages 18–64, California, 2009

Disparities by Age, Race/Ethnicity, Education, and Family Status
Younger women are more likely to be low income than women who are older (EXHIBIT 1). Over four in 10 (46.2%) women 18–29 years of age are low income with rates dropping in each successive age group to 22.4% of women 55–64 years of age.

Note: The 2009 weighted average federal poverty level (FPL) was $11,161 for one person, $14,439 for a two-person family and $17,098 for a three-person family. Based on our definition of low-income (<200% FPL), a low-income woman in a family of three would have family income below approximately $34,200.

Source: 2009 California Health Interview Survey
Wide income differences by educational level provide a striking example of the economic significance of education for women. The vast majority of women who have not completed high school are low income (79.9%). In comparison, low-income rates are much lower for women with a high school degree (43.7%) or with some college education (33.5%). The rate is lower still for women who have a college degree (10.5%).

Women of color are more likely than white women to have limited family incomes, although rates among women of color vary considerably. Six in 10 Latinas (60.6%), approximately four in 10 American Indian/Alaskan Native (42.4%) and African American (39.5%) women, one-third of women of two or more races (35.5%), and one-quarter of Asian and Pacific Islander women (25.5%) are low income, in contrast to 17.3% of white women.

Single mothers are more likely to be low income than women in other family situations. The single source of income combined with family expenses translates to nearly two-thirds (65.2%) of single women with children having low family incomes. In contrast, women in other family situations are much less likely to be low income. One-third of single women with no children (36.3%) and married women with children (36.4%) are low income. Rates are lowest for married women with no children (18.4%).

Disparities in Health

Even though low-income women as a group are younger, for most health indicators measured in this brief they report worse health compared to those with higher incomes (EXHIBIT 2). Three in 10 nonelderly low-income women report their health as fair or poor, double the rate of women at 200–400% FPL (14.1%) and four times higher than women with family incomes above 400% FPL (6.8%). Low-income women also have higher rates of heart disease and diabetes than women in the other two income groups. In addition, low-income women have slightly higher rates of high blood pressure compared to women with family incomes above 400% FPL. Asthma is an exception; prevalence rates are not higher for low-income women.

Many Middle-Aged Low-Income Women Report Health as Fair or Poor

Since low-income women are younger as a group than higher-income women, the subset of women 45–64 years of age was also examined across income groups to control for age differences and focus on the age group with increasing chronic health issues (EXHIBIT 2). The disparities in health for low-income women compared to other income groups are even more evident in this age group.

Over four in 10 (46.1%) low-income women 45–64 years of age report their health as fair or poor, five times the rate (8.7%) of women with family incomes above 400% FPL. Low-income women 45–64 years of age also have higher prevalence rates of diabetes, heart disease, and high blood pressure than women in the other two income groups.

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One in 10 Low-Income Women Experiences Serious Psychological Distress

Approximately one in 10 (11.3%) nonelderly low-income women reports experiencing symptoms associated with...
serious psychological distress in the past year (EXHIBIT 2). This is twice the rate of women with family incomes above 400% FPL (5.0%).

High Uninsured Rate Among Low-Income Women
While low-income women have poorer health status and higher prevalence of certain chronic conditions, they have less financial protection from medical costs than higher-income women. Over four in 10 (45.7%) low-income women were uninsured for all or part of 2009, which translates to approximately 1,877,000 low-income women without any type of health coverage (EXHIBIT 3).

Disparities in Health Coverage
The overall uninsured rate among low-income women (45.7%) is nearly six times the rate of women with family incomes above 400% FPL (7.7%; EXHIBIT 3). Uninsured rates fall in-between for moderate income women (200–400% FPL), with nearly one in five (18.5%) uninsured for all or part of the year.

Only one in five (19.9%) low-income women had employment-based coverage during 2009, in contrast to coverage rates three to four times higher for women in the other two income groups (60.8% and 80.2%; EXHIBIT 3). Privately purchased coverage plays only a small role in insuring low-income women, covering just 3.2%. Medi-Cal is a core support for low-income women; 25.7% had Medi-Cal throughout 2009.

Increase in Uninsured Rate Among Low-Income Women
The proportion of low-income women who were uninsured for all or part of the year increased from 40.8% in 2007 to 45.7% in 2009.

<table>
<thead>
<tr>
<th>Health Status</th>
<th>Ages 18–64 Years</th>
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<th>Ages 45–64 Years</th>
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<tbody>
<tr>
<td></td>
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<tr>
<td>Fair/Poor Health</td>
<td>30.1%</td>
<td>14.1%</td>
<td>6.8%</td>
<td>46.1%</td>
<td>17.3%</td>
<td>8.7%</td>
</tr>
<tr>
<td>Asthma</td>
<td>13.0%</td>
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<td>15.6%</td>
<td>15.8%</td>
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<td>14.6%</td>
</tr>
<tr>
<td>Diabetes</td>
<td>8.2%</td>
<td>4.8%</td>
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<td>Heart Disease</td>
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<td>20.6%</td>
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<td>27.0%</td>
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<tr>
<td>Serious Psychological Distress</td>
<td>11.3%</td>
<td>10.0%</td>
<td>5.0%</td>
<td>NR</td>
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Notes:
Health condition rates are based on respondents reporting that they have ever been diagnosed with the condition.
The 2009 weighted average federal poverty level (FPL) was $11,161 for one person, $14,439 for a two-person family and $17,098 for a three-person family. Based on our definition of low-income (<200% FPL), a low-income woman in a family of three would have family income below approximately $34,200.
NR=Not reported. The focus for women ages 45-64 years was chronic physical conditions.
Source: 2009 California Health Interview Survey

EXHIBIT 2 | Health Status, Health Conditions, and Mental Health by Family Income, Women Ages 18–64, California, 2009

<table>
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<td>5.0%</td>
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<td>NR</td>
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EXHIBIT 3 | Health Insurance Coverage by Family Income, Women Ages 18–64, California, 2009

Note: The 2009 weighted average federal poverty level (FPL) was $11,161 for one person, $14,439 for a two-person family, and $17,098 for a three-person family. Based on our definition of low-income (<200% FPL), a low-income woman in a family of three would have family income below approximately $34,200.

Source: 2009 California Health Interview Survey

Majority of Currently Uninsured Low-Income Women Working or Looking for Work

Although health insurance and employment are entwined, not all women who work are covered. At the time of the CHIS survey, 15.8% of currently uninsured low-income women were working full time (40 or more hours per week) and 29.4% were working part time (fewer than 40 hours per week).

Further, nearly one in five (18.4%) were looking for work (data not shown).

Food Insecurity

Another area of financial stress for many low-income women is food insecurity, which is marked by having limited or uncertain access to adequate food. Based on CHIS data, over four in 10 (45.2%) low-income women were food insecure in 2009 (data not shown).
Among low-income women with no usual source of care, 44.8% did not have a doctor visit in the past year.

Clinics Are a Usual Source of Care for Many Low-Income Women

A crucial element of accessing all levels of health care is having a usual source of care. Low-income women have less connection to the health care system than women with higher incomes. One-quarter (24.8%) have no usual source of health care, double the rate of women with family incomes 200–400% FPL (11.0%) and nearly four times the rate of women with family incomes above 400% FPL (6.3%; EXHIBIT 5).

Clinic-based care, often safety-net providers, is an important source of care for low-income women, with over one-third (37.4%) identifying clinics as their usual place to receive care. Although approximately one-third (34.6%) of low-income women use private office-based or HMO providers as their usual source, they are less likely to use these settings than women with higher incomes.

Among low-income women with no usual source of care, 44.8% did not have a doctor visit in the past year (data not shown). In comparison, just 16.4% of those with clinic-based care did not have a doctor visit, a rate similar to those who see private office-based or HMO providers (14.0%).

Importance of Coverage in Accessing Services

Having health insurance coverage makes a difference for low-income women’s access to health care (EXHIBIT 6). Uninsured low-income women are more than twice as likely as those with health coverage to be without a usual source of health care (38.0% vs. 13.7%, respectively).

Similarly, while 33.7% of uninsured low-income women did not have a doctor visit in the past year, just 13.5% of those with health coverage did not have a doctor visit. Further, access to needed medical care was also mediated by coverage, with 22.5% of uninsured low-income women delaying or foregoing needed medical care, compared to 15.5% of those with coverage.

EXHIBIT 4 | Changes in Health Insurance Coverage, Low-Income Women Ages 18-64, California, 2007 and 2009

<table>
<thead>
<tr>
<th>Health Insurance Coverage</th>
<th>2007</th>
<th>2009</th>
</tr>
</thead>
<tbody>
<tr>
<td>Uninsured All or Part Year</td>
<td>40.8%</td>
<td>45.7%*</td>
</tr>
<tr>
<td>Employment-Based Coverage All Year</td>
<td>22.1%</td>
<td>19.9%</td>
</tr>
<tr>
<td>Medi-Cal All Year</td>
<td>28.6%</td>
<td>25.7%</td>
</tr>
<tr>
<td>Privately Purchased All Year</td>
<td>3.6%</td>
<td>3.2%</td>
</tr>
<tr>
<td>Other Coverage</td>
<td>4.9%</td>
<td>5.5%</td>
</tr>
</tbody>
</table>

Notes:

*Significantly different from 2007, p<.05.

The 2009 weighted average federal poverty level (FPL) was $11,161 for one person, $14,439 for a two-person family and $17,098 for a three-person family. Based on our definition of low-income (<200% FPL), a low-income woman in a family of three would have family income below approximately $34,200.

Source: 2007 and 2009 California Health Interview Surveys
EXHIBIT 5 | Usual Source of Health Care by Family Income, Women Ages 18–64, California, 2009

Note: The 2009 weighted average federal poverty level (FPL) was $11,161 for one person, $14,439 for a two-person family and $17,098 for a three-person family. Based on our definition of low-income (<200% FPL), a low-income woman in a family of three would have family income below approximately $34,200.

Source: 2009 California Health Interview Survey
EXHIBIT 6 | Access Issues by Insurance Status, Low-Income Women Ages 18–64, California, 2009

Note: The 2009 weighted average federal poverty level (FPL) was $11,161 for one person, $14,439 for a two-person family and $17,098 for a three-person family. Based on our definition of low-income (<200% FPL), a low-income woman in a family of three would have family income below approximately $34,200.

Source: 2009 California Health Interview Survey
Discussion
The findings highlight the health disparities low-income women face and the challenges they experience in the health care system. One-third of women 18–64 years of age in California are low income, with higher rates among certain subgroups. For example, 60% or more of women with less than a high school education, single women with children, and Latinas are low income.

For nearly all the measured health status indicators in this brief, low-income women fared worse than those with higher incomes, especially among those 45–64 years of age. Compounding their health issues are low-income women’s high uninsured rate and lower access to a regular source of care. Between 2007 and 2009, the proportion of low-income women who were uninsured increased from 40.8% to 45.7%, an increase of 4.9 percentage points.

The increase in the proportion of low-income women without health coverage, and the differences in access to a regular source of health care, point to the importance of the Patient Protection and Affordable Care Act (ACA), passed in 2010. The ACA, once fully implemented in 2014, will provide health coverage to eligible low-income women either through Medi-Cal or the California Health Benefit Exchange.6

The health disparities that low-income women experience reinforce the importance of programs, services and initiatives designed to promote health, including nutritional needs, and to prevent chronic diseases. To minimize access issues and maximize quality of care, coordinated, comprehensive care and chronic disease management will be important components of service delivery for low-income women. A recent survey of low-income women and men in California found that many favored the concept of a health care home, where they could access an array of services.7

The recession and budget crisis have been hard on women in the state. The ongoing budget crisis has affected many safety net programs and services crucial for low-income women.8,9 Further, not all low-income women are eligible under the provisions of health care reform and their limited resources will continue to affect their access to needed care.10 Women in California have had a more difficult time than men during the slow recovery from the recession in terms of gaining back jobs.11

It is a critical time for low-income women in California. The state’s economic challenges are eroding crucial public services and programs that low-income women and their families rely on. At the same time, implementation of health care reform provides an important opportunity to expand and strengthen health care delivery in California and address the health concerns and needs of low-income women.12
Data Source
This brief is based on data from the 2009 California Health Interview Survey (CHIS 2009), with comparative data for health insurance rates from the 2007 CHIS. A random-digit-dial telephone survey of the California population living in households, CHIS interviewed 18,588 women 18–64 years of age in 2009. All differences between groups reported in the policy brief are statistically significant at the p<.05 level unless otherwise noted. The determination of adequate sample size to report data was based on an analysis of the coefficient of variation (CV), using a criterion of 30. For more information on CHIS, please visit www.chis.ucla.edu.

Author Information
Roberta Wyn, PhD, is a research consultant at the Public Health Institute (PHI) 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 PHI and staff to CHIS.

Funder Information
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In Tribute
The authors are grateful for the guidance and wisdom provided by the late E. Richard Brown, PhD. Rick’s vision led to the development of the California Health Interview Survey, an invaluable part of his ongoing legacy to public health and his commitment to the health of Californians.

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Suggested Citation
Endnotes

1 The federal poverty level (FPL) is based on family income and size, including the number of related children under 18 years of age. It is updated each year by the U.S. Census Bureau (and referred to as poverty thresholds) and used for statistical purposes. In 2009, the weighted average FPL was $11,161 for a one-person family, $14,439 for a two-person family, and $17,098 for a three-person family. Based on these cutoffs, a low-income woman (<200% FPL) in a family of three would have family income below approximately $34,200. For more information refer to: http://www.census.gov/hhes/www/poverty/data/threshold/thresh09.html

2 All differences between groups reported in the brief have been statistically tested and are significant at the p<.05 level unless otherwise noted.

3 For a discussion of economic issues of adults 65 years and older, see Wallace SP and Smith S. Half a Million Older Californians Living Alone Unable to Make Ends Meet, Los Angeles, CA: UCLA Center for Health Policy Research, 2009.

4 Health condition rates are based on women respondents reporting that they have ever been diagnosed with the condition.

5 Serious psychological distress is measured in the California Health Interview Survey using the Kessler 6 scale. For more information about women and serious psychological distress, see Zahnd E, Wyn R. Over One Million Adult Women in California Report Serious Psychological Distress During the Past Year, Oakland, CA: Public Health Institute, 2012.

6 Medi-Cal coverage will extend to include eligible individuals with family incomes between 0–133% FPL, and the California Health Benefit Exchange will provide adjusted subsidies to purchase insurance to eligible individuals with family incomes from 133–400% FPL.


8 California Budget Project, Recent Cuts to the Medi-Cal Program Have Impaired Access to Services, June 10, 2011.

9 Ross J. Falling Behind: The Impact of the Great Recession and the Budget Crisis on California’s Women and Their Families, California Budget Project, February 2012.

10 Medi-Cal and the California Health Benefit Exchange require eligible recipients to be citizens or legal 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.

11 Ross J. Falling Behind: The Impact of the Great Recession and the Budget Crisis on California’s Women and Their Families, California Budget Project, February 2012.

12 See, Viewpoint Learning, California’s Community Clinics and Health Centers: Taking Initiative in a New Health Care Landscape, Blue Shield of California Foundation 2012; Kaiser Commission on Medicaid and the Uninsured, How is the Affordable Care Act Leading to Changes in Medicaid Today? State Adoption of Five New Options, Kaiser Family Foundation, May 2012.
The Public Health Institute (PHI), 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 quality research and evaluation; conducting public policy analysis and advocacy; providing training and technical assistance; and promoting successful prevention strategies to policymakers, communities and individuals.