

CALIFORNIA ALLIANCE FOR WOMEN'S HEALTH LEADERSHIP

Data Brief: Health Insurance Coverage of Women Ages 18–64 in California, 1998

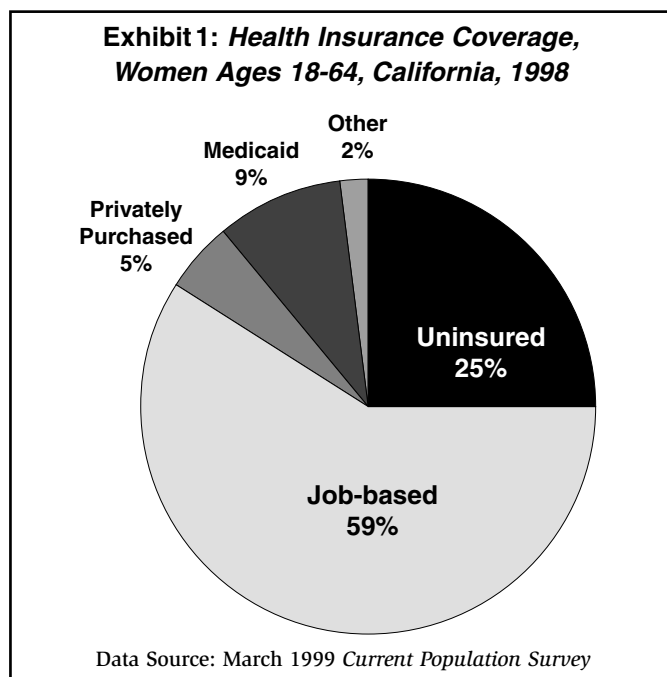
Introduction

In a survey conducted by the California Alliance for Women's Health Leadership, community-based leaders in women's health recently identified as key issues lack of health insurance and lack of access to health care for women of color, those with low incomes, and younger women.¹ Without access to these services, a person's current and future health may be jeopardized. Whether a person has health insurance often depends on such factors as age, race/ethnicity, geographic location, and income. This data brief analyzes some of these characteristics and provides information about health insurance coverage for California women ages 18–64, focusing on variations in uninsurance and job-based coverage.

Current Sources of Coverage

Exhibit 1 provides a picture of the current sources of health insurance coverage for women between the ages of 18 and 64 years residing in California during 1998. While many women do have some form of health insurance coverage, one-fourth of women are uninsured.

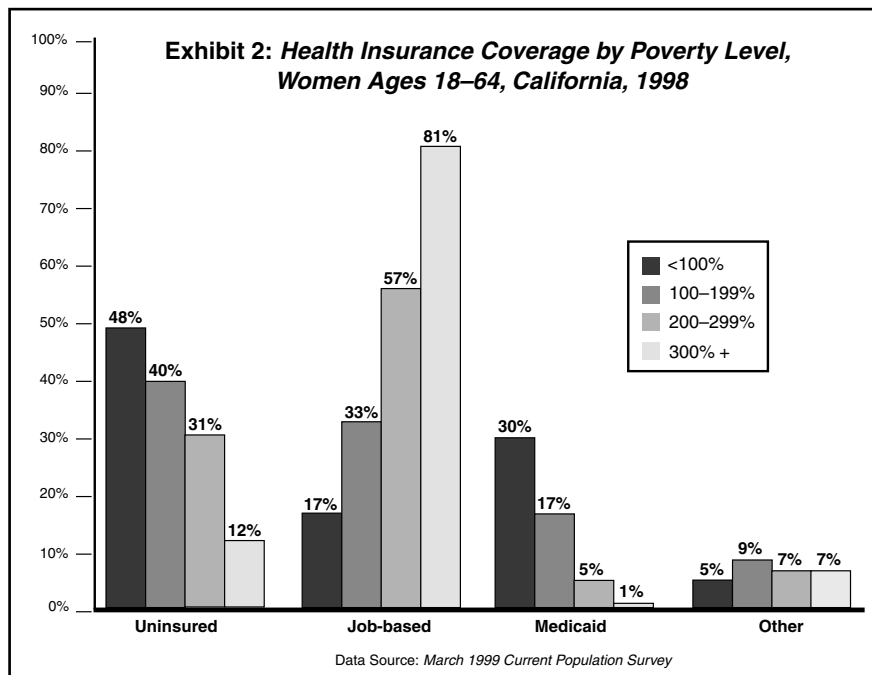
- Women in California are more likely to be uninsured than women nationally. In California, 25% of women ages 18–64 years old are without coverage (2.6 million women), compared to a national average of 18% for women the same age (U.S. data not shown).
- Six out of ten women in California (59%) have job-based coverage, a rate lower than the national average of 68%.
- Nine percent of women in California are covered by Medi-Cal (California's Medicaid program), compared to the national average of 7% for women the same age.
- Fewer than one in every ten women in California or nationally has privately purchased coverage (5%) or other forms of coverage (2%).



Poverty Level

In general, women who have lower incomes are significantly more likely to be either uninsured or to have Medi-Cal as a source of health insurance.

- In California, 15% of women have incomes below the poverty level, and 18% are considered near-poor (family incomes between 100–199% of the federal poverty level). This means that a total of more than three million women in California have incomes below 200% of the poverty level and are consequently more likely to be uninsured.
- In California, very-low-income women (family incomes below 100% of poverty level) are particularly likely to be uninsured. Nearly one-half (48%) of California's women ages 18–64 with incomes at this level² are uninsured, as are four out of ten near-poor women (Exhibit 2).



- For very-low-income women and the near-poor, Medi-Cal is an important source of health coverage. Almost one-third of women (30%) with incomes below poverty have Medi-Cal coverage, as do nearly one-fifth (17%) of near-poor women.

Family income plays an important role in securing job-based coverage; job-based coverage rates increase for women whose incomes are higher.

- Very-low-income women are unlikely to have job-based coverage, with only 17% covered through this source.
- Women with family incomes greater than 300% of poverty are nearly five times (81%) more likely to have employer-sponsored coverage than women with very low incomes.

Race/Ethnicity

California is a highly diverse state, with substantial numbers of ethnic groups. In this section, we review insurance coverage for four major groups of women in California: Latinas, non-Latina Whites, Blacks, and Asians/ Pacific Islanders. In California, 27% of women between ages 18 and 64 years are Latina, 52% are non-Latino White, 7% are Black, 13% are Asian/Pacific Islander,

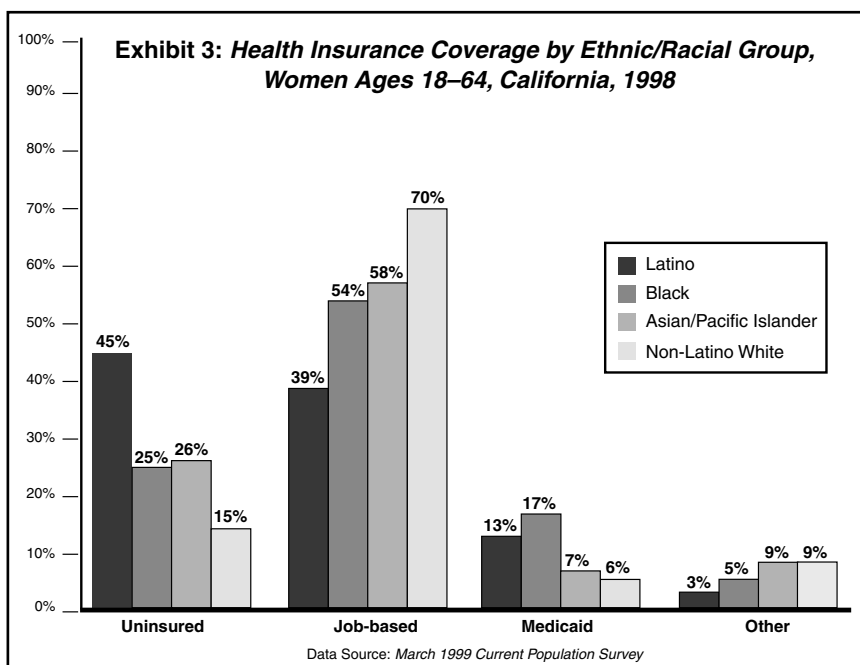
and approximately 1% are American Indian/Native Alaskan.³

Disparities in insurance coverage are especially pronounced between ethnic/racial groups and non-Latina Whites, and become more apparent when analyzing job-based coverage rates.

- In California, three times as many Latinas as Whites are uninsured (45% vs. 15%) (Exhibit 3). This difference is partly a result of Latinas' low access to employment-based coverage; only four out of every ten Latinas (39%) are covered by job-based insurance, compared to seven out of ten of their White counterparts.

- Medi-Cal coverage is higher for Latinas (13%) than for White women (6%), underscoring the role Medi-Cal plays in providing important access to health services for this population. Purchasing private insurance is not usually a viable alternative, given the high cost of insurance premiums associated with private coverage.

- Uninsured rates for Asian/Pacific Islander women (26%) are also higher than those of their White counterparts (15%), and their job-based coverage rates are lower (58% vs. 70%).



- For Black women, low employer-based health insurance rates (54%) contribute to their rate of uninsured; one in four Black women (25%) is without coverage. As with Latinas, Medi-Cal serves as an important health insurance safety net by covering nearly one-fifth of Black women (17%).

Working Status

Most women in California are either working or in a family with a working adult. However, this work connection does not always ensure employment-based coverage, especially for women whose family income is below 250% of poverty.

- Four out of ten (42%) women in working families with family incomes below 250% of poverty are uninsured. In contrast, just 12% of women in working families with family incomes above this level lack coverage.

Even in families where at least one person is working full-time for the full year (the employment status most likely to provide coverage), those with low incomes are at a disadvantage.

- 39% of low-income women in families where at least one adult is employed full-time for the full year are uninsured; just under one-half (47%) have employment-based coverage. In contrast, 10% of women in families with full-time, full-year employment whose income is more than 250% of the poverty level lack coverage, and 86% have employment-based coverage.

Age

- Young women between the ages of 18 and 29 are the most likely to be uninsured. One in three (35%) had no form of health insurance coverage during 1998 (Exhibit 4).
- Although uninsured rates are lower for women in older age cohorts, they still remain substantial, with 24% of women ages 30-39 and 20% of women ages 40-49 and 50-64 uninsured.
- As women age, their access to employer-sponsored health insurance improves, then starts to decrease in

the 50-64 age group. Whereas only one-half (49%) of women ages 18-29 have job-based coverage, approximately six out of 10 women ages 30-39 and seven out of ten ages 40-49 are insured through this source. For the 50-64 age cohort, rates of job-based coverage decrease to six out of ten.

Counties

This section addresses rates of uninsurance and job-based coverage in selected counties or aggregates of counties in California (Exhibit 5).⁴

COUNTY RATES OF UNINSURANCE

- Los Angeles County has one of the highest rates of uninsured women in the state, with one-third of women ages 18-64 uninsured (34%).
- Approximately one in three women in Monterey/San Luis Obispo counties (30%), the Sutter-Yuba region (30%), and Santa Barbara County (28%) are uninsured.
- Approximately one in four women living in San Francisco/San Mateo/Marin counties (24%), and San Diego County (23%) are uninsured.
- In the following counties approximately one in every five women lack coverage: Riverside/San Bernadino (22%), Stanislaus/Merced/San Joaquin (22%), Kern (22%), Fresno/Madera (21%), Orange (20%), and Ventura (19%).

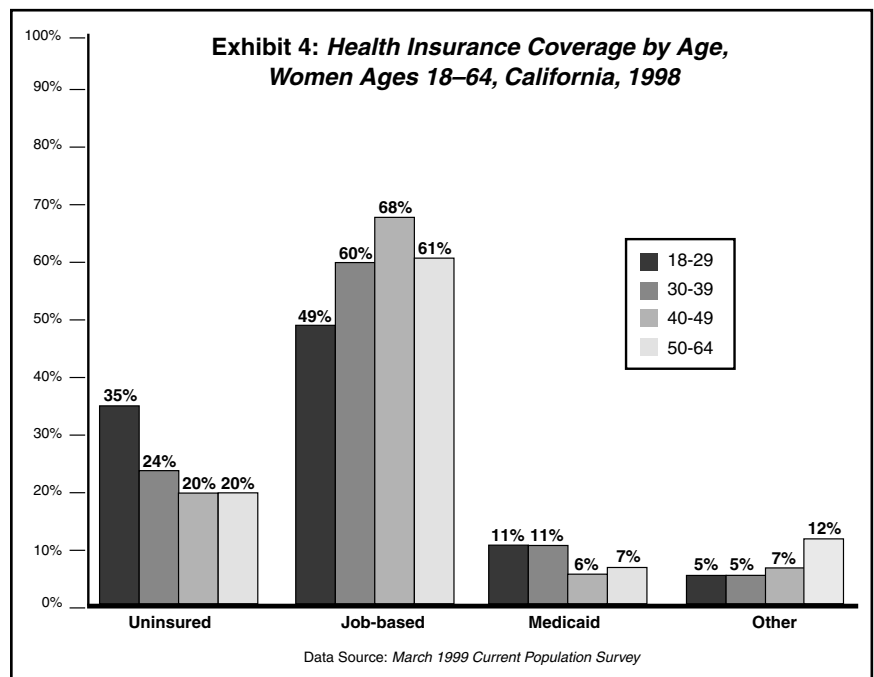


Exhibit 5: Uninsured and Job-Based Coverage Rates, by County,¹ Women Ages 18-64, California, 1997 and 1998 (2-year Average)²

COUNTY	UNINSURED	RANGE ³	JOB-BASED COVERAGE	RANGE ³
Alameda/Contra Costa	15%	11%-19%	74%	69%-79%
Fresno/ Madera	21%	13%-29%	53%	43%-62%
Kern	22%	12%-31%	59%	48%-71%
Los Angeles	34%	31%-36%	52%	49%-55%
Monterey/San Luis Obispo	30%	19%-41%	48%	36%-60%
Napa/Solano/Sonoma	14%	8%-21%	71%	62%-79%
Orange	20%	16%-25%	65%	60%-70%
Riverside/San Bernadino	22%	18%-27%	57%	52%-62%
Sacramento/El Dorado/Placer	15%	10%-20%	63%	56%-70%
Santa Barbara	28%	17%-39%	63%	51%-75%
Santa Clara	16%	11%-21%	70%	64%-76%
San Diego	23%	18%-28%	61%	56%-66%
San Francisco/San Mateo/Marin	24%	19%-30%	63%	57%-69%
Stanislaus/Merced/San Joaquin	22%	16%-29%	54%	47%-62%
Sutter/Yuba	30%	18%-43%	49%	35%-62%
Ventura	19%	10%-28%	70%	60%-80%

Data Sources: March 1998 and 1999 *Current Population Surveys*

¹ The uninsured and job-based coverage estimates for Yolo, Tulare, and Butte Counties do not meet minimum standards of precision.

² These estimates of health insurance coverage are two-year averages, which are more precise than one-year estimates.

³ Reported rates are estimates. The true rate is likely to fall in this range (95% confidence interval)

■ Counties with some of the lowest rates of uninsured women are Santa Clara (16%), Sacramento/El Dorado/Placer (15%), Alameda/Contra Costa (15%) and the Napa/Solano/Sonoma (14%) region.

COUNTY RATES OF JOB-BASED COVERAGE

Rates of job-based coverage are closely related to rates of uninsurance.

■ Those counties where women have the highest rates of employer-sponsored health insurance are Alameda/Contra Costa (74%), Napa/Solano/Sonoma (71%), Santa Clara (70%), Ventura (70%), and Orange (65%).

■ About six out of ten women living in Sacramento/El Dorado/Placer (63%), Santa Barbara (63%), San Francisco/San Mateo/Marin (63%), San Diego (61%), Kern (59%), Riverside/San Bernadino (57%), have employer-sponsored health insurance.

■ Counties with the lowest rates of women with job-based coverage are Stanislaus/Merced/San Joaquin (54%), Fresno/Madera (53%), Los Angeles (52%), Sutter/Yuba (49%), and Monterey/San Luis Obispo (48%). In these counties, only about five out of every ten women are covered by job-based health insurance.

Discussion

Women have a large stake in how health care services are financed and in the costs of care. They tend to use health care more often than men, particularly for reproductive needs, and are often the coordinators of care for their families.

Lack of health insurance reduces access to the health care system. For women ages 18-44, preventive health care and reproductive services are important components of health care use, both of which are compromised

for the uninsured. Women ages 45-64 not only need clinical preventive screenings, but they also face the emergence of chronic illnesses, requiring consistent management and continuity of care.

The data in this brief show the pervasive problem of lack of insurance coverage for women in California, and the particular disadvantage for several subgroups—women of color, those with low incomes, and younger women.

California women are more likely to be uninsured than women in the nation as a whole. And within California, coverage rates vary across geographic areas. Factors such as labor market conditions, types of industries present in an area, the availability of employment, and whether or not an employer offers coverage all affect a woman's likelihood of coverage through job-based insurance (her own or her spouse's).

Other characteristics, such as age, family structure, education, and immigration status may also affect a woman's ability to participate in the types of jobs that typically offer health insurance coverage.

The high rates of uninsured women in California will not abate unless concerted efforts are made to expand coverage for both working and nonworking women. In fact, several factors could increase the number of uninsured women in the near future. Changes in welfare law may reduce Medicaid coverage for low-income women. Demographic changes in the California population—including increases in the number and proportion of Latinas, a group with high rates of being uninsured even when employed—could increase the numbers of uninsured women. These factors reinforce the need for a comprehensive coverage system.

Local variations in coverage highlight the importance of community-level programs. Support of efforts at the community level, combined with state and national programs and legislation aimed at improving coverage and access, are critical components for promoting the health of women.

Methods/Sources

We used data from the March 1999 *Current Population Survey* (CPS), which is conducted by the U.S. Census Bureau, to examine health insurance coverage. For county-level information, we combined the March 1998 and 1999 *Current Population Surveys* to obtain two-year averages, which are more precise than one-year estimates. The March CPS asks respondents about health insurance coverage for each family member during the previous calendar year. Because a person may have multiple sources of coverage reported for a year, a single hierarchical variable was created to reflect rank-ordering of reported health insurance coverage, beginning with employment-based coverage, then privately purchased coverage, Medicaid, and other forms of coverage. Those with no reported coverage of any kind during the year were categorized as uninsured. We combined into a single category “privately purchased” coverage with “other coverage” in this paper, and labeled it “other coverage.”

¹ California Alliance for Women's Health Leadership, *Listening to Emerging Women's Health Leaders in California*, September 1999.

² Poverty levels are standardized measures based on total family income and family size. In 1998, the federal poverty level was \$8,480 for one person, \$10,972 for two persons, and \$13,003 for three-person families. (U.S. Department of Commerce, Bureau of the Census: <http://www.census.gov/hhes/poverty/threshld/thresh98.html>)

³ Sample size was too small to permit analyses of American Indian/Native Alaskan women.

⁴ Counties have been aggregated either in the Current Population Survey data or by the authors to produce sufficient sample size.

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