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Health and Health Care Access Among California Women Ages 50-64

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This policy brief examines the health issues and health care access of women ages 50-64. While the need for effective and accessible health care applies to all women, there are distinct social, economic and health issues within each age group. Women ages 50-64 often face new and accelerated health issues and have more concern for management of health conditions. Using data from the 2007 California Health Interview Survey (CHIS 2007) this brief examines several of the health issues for women in this age group and the role of health insurance coverage.

There are approximately three million women ages 50-64 in California. While a slight majority (54%) are in families with family incomes over 400% of the Federal Poverty Level (FPL), one-quarter are low income, with family incomes below 200% of the FPL.¹

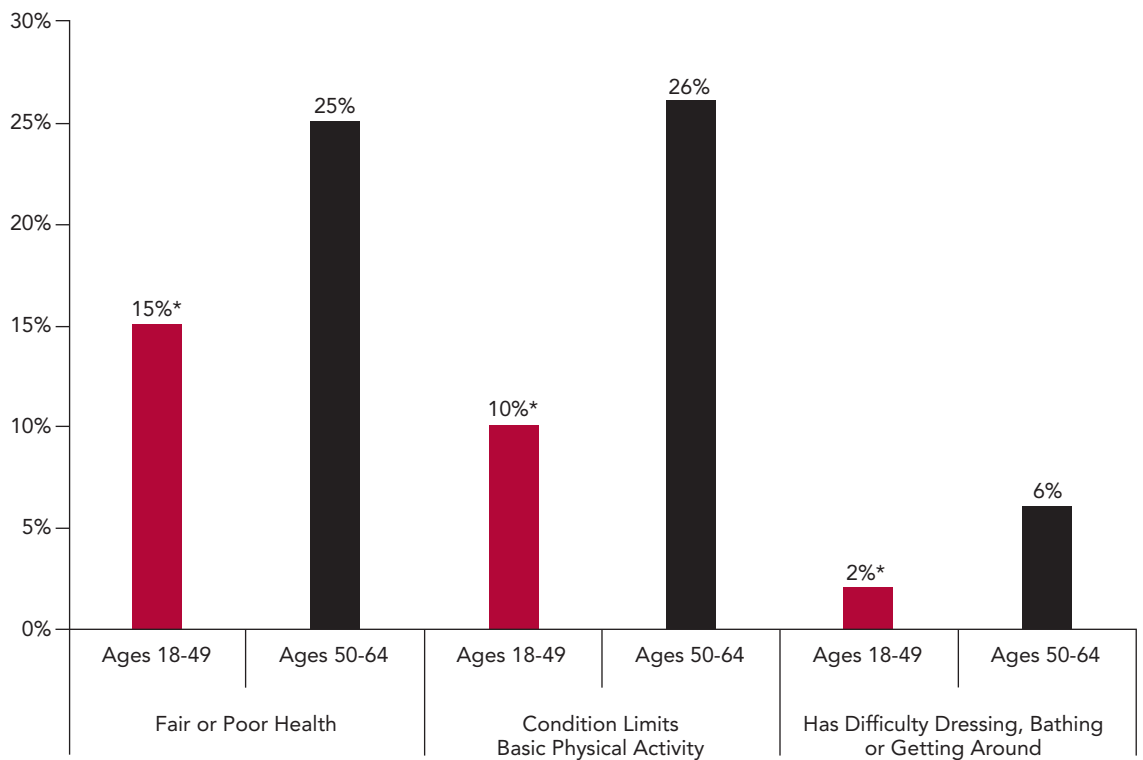
Rising Health Limitations and Conditions For Women Ages 50-64

Women ages 50-64 are more likely than younger women (ages 18-49) to report they are in fair or poor health and have limitations in their daily activity due to a health problem (Exhibit 1). One-fourth of women in this age group (26%) report they have a condition that limits their basic physical activities, such as walking, climbing stairs, reaching, lifting or carrying, and 6% have difficulty in daily living activities, such as dressing, bathing or getting around, rates that are 2-3 times higher than for women ages 18-49.

Chronic conditions increase with age and for each of the conditions examined, women ages 50-64 have higher rates than their younger counterparts (Exhibit 2). The smallest age difference is seen with asthma (16% vs. 14%, respectively), whereas diabetes, high blood pressure and heart disease prevalence is 2-4 times higher in women ages 50-64 than those ages 18-49. The highest prevalence is seen for high blood pressure, with nearly four in ten women ages 50-64 (37%) diagnosed in their lifetime. The need for identification and management of health issues is crucial during this age period to minimize the onset and effects of chronic conditions.

Another health concern for women ages 50-64 is obesity, which is associated with several diseases and health conditions, such as diabetes, hypertension and heart disease.² As defined by a Body Mass Index (BMI) of 30 or over, 26% of women ages 50-64 are obese (Exhibit 3).³ An additional 33% are overweight. Thus, nearly six in ten women ages 50-64 are either obese or overweight, a proportion higher than for younger women.

Exhibit 1

Health Status and Functioning by Age Group, Women Ages 18-49 and 50-64, California, 2007


*Significantly different from ages 50-64, $p < .05$.

Source: 2007 California Health Interview Survey

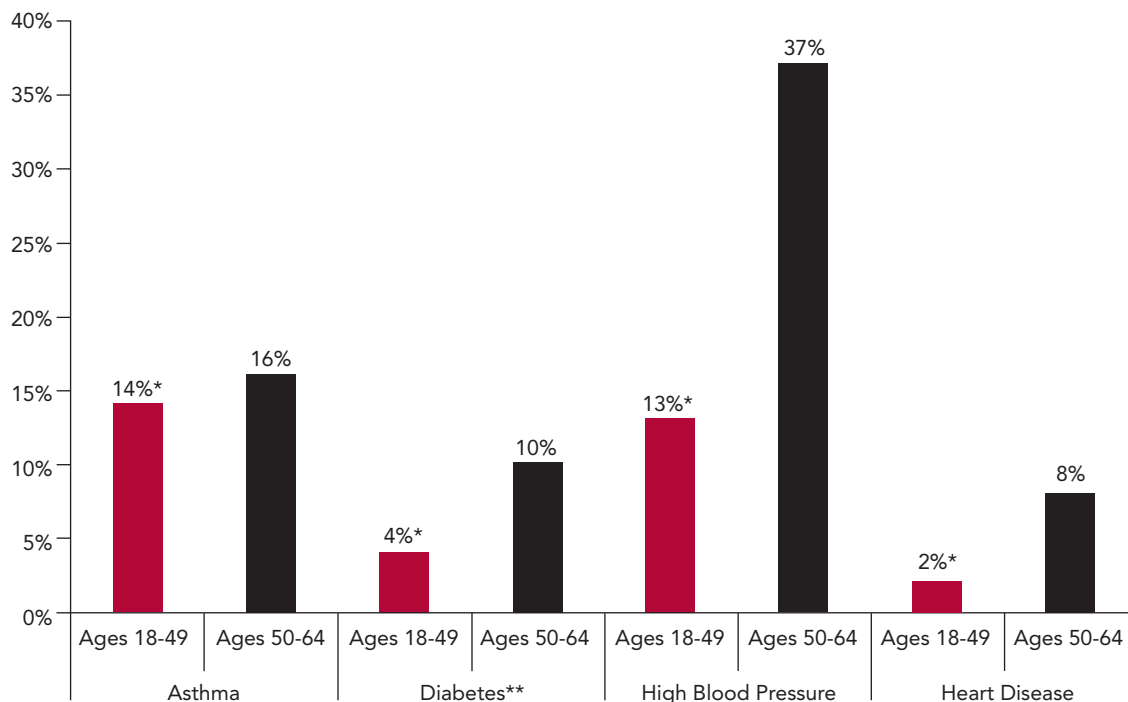
Wide Variation in Uninsured Rates For Women Ages 50-64

The health issues for this age group underscore the importance of access to health care. The majority of women in this age group were covered through the year by employment-based health coverage (65%), either through their own employment options or through family coverage (Exhibit 4). Medi-Cal covers 9%, individually-purchased private coverage insures another 7%, and other forms or

combinations of coverage cover 4%. The proportion of women ages 50-64 uninsured for all or part of the year in 2007 was 14%, a rate lower than for women ages 18-49 (24%). While the uninsured rate overall compares favorably to younger women, there are striking differences among subgroups of women ages 50-64.

Chronic Health Conditions by Age Group, Women Ages 18-49 and 50-64, California, 2007

Exhibit 2



Note: Health condition is based on women reporting that they have ever been diagnosed with the condition.

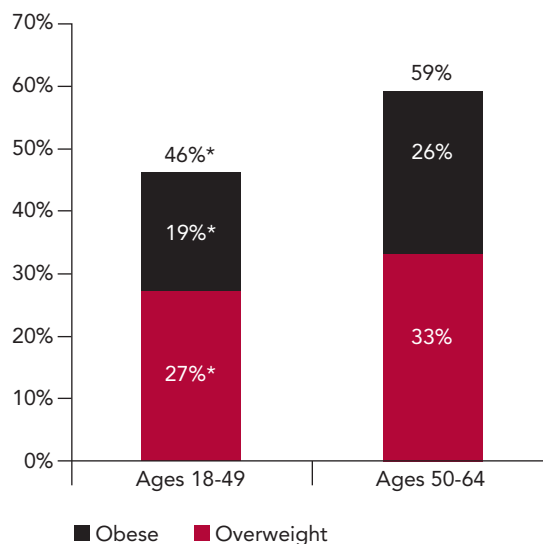
Source: 2007 California Health Interview Survey

*Significantly different from ages 50-64, $p < .05$.

**Diabetes rate excludes gestational diabetes.

Prevalence of Overweight and Obesity by Age Group, Women Ages 18-49 and 50-64, California, 2007

Exhibit 3



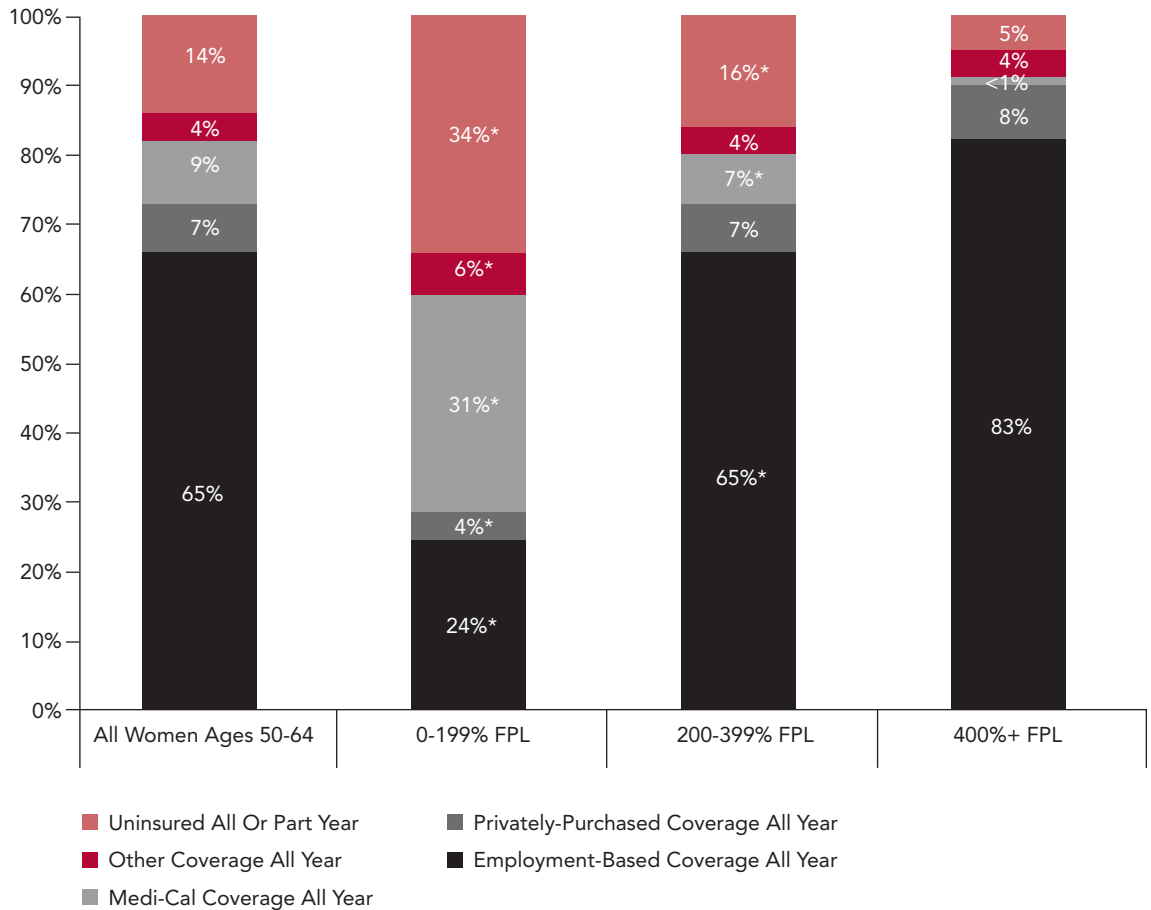
Note: Overweight is defined as a Body Mass Index (BMI) of 25.0-29.99 and obese is defined as a BMI of 30 or above. BMI was based on self-reported height and weight.

*Significantly different from ages 50-64, $p < .05$.

Source: 2007 California Health Interview Survey

Exhibit 4

Health Insurance Coverage During Past 12 Months by Federal Poverty Level, Women Ages 50-64, California, 2007



Notes: The 2007 Federal Poverty Level (FPL) was \$10,787 for one person, \$13,954 for a two-person family and \$16,530 for a three-person family. Per our definition of low income, a woman with a family of three living at 0-199% FPL had a 2007 family income between no income to approximately \$33,000.

Numbers may not add up to 100% due to rounding.

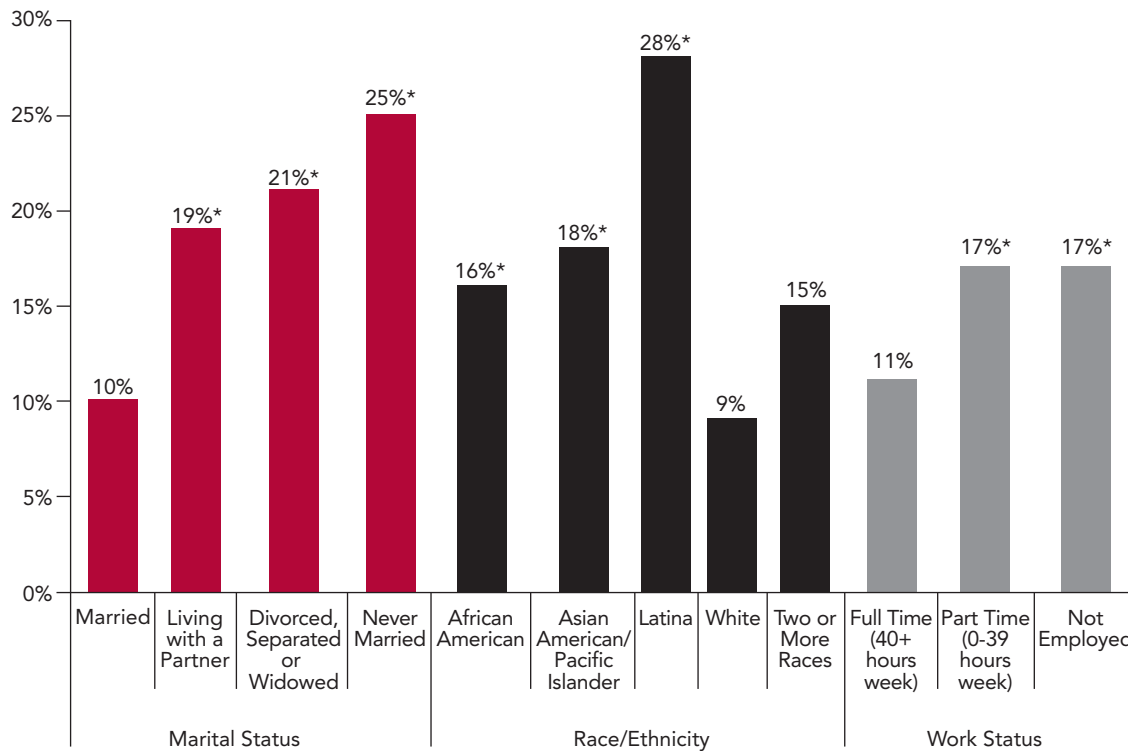
Source: 2007 California Health Interview Survey

*Significantly different from 400%+ FPL, $p < .05$.

Whether or not a woman has coverage and the source of that coverage varies by income. One-third (34%) of low-income women (0-199% FPL) ages 50-64 were uninsured for all or part of 2007, nearly seven times the rate of women with family incomes 400% FPL and above (5%; Exhibit 4). Just one-quarter of low-income women ages 50-64 have employment-based coverage, accounting for these high uninsured rates. The uninsured rate was also higher for women with family incomes of 200-399% FPL (16%).

Uninsured All or Part Year by Marital Status, Race/Ethnicity and Work Status, Women Ages 50-64, California, 2007

Exhibit 5



*Significantly different from married, white and full-time employed categories, $p < .05$.

Source: 2007 California Health Interview Survey

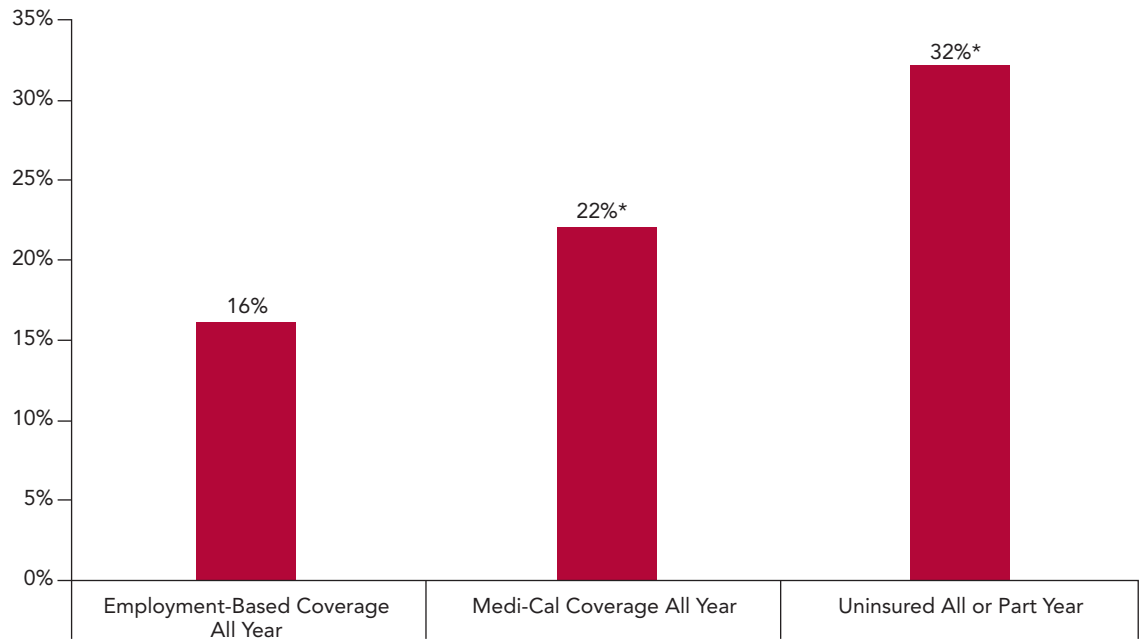
Exhibit 5 shows the proportion of women uninsured all or part year by marital status, race/ethnicity and employment status, highlighting which groups of women ages 50-64 are at highest risk for lack of coverage. Women who are divorced, separated, or widowed (21%) or never married (25%) have twice the uninsured rate of women who are married (10%). Also, uninsured rates are higher for African-American and Asian American/Pacific Islander women and Latinas than for white women. Similarly,

women employed full time have lower uninsured rates than women in other employment situations.

The majority of women ages 50-64 who are uninsured for all or part of the year are in families with low incomes below 200% FPL (59%). An additional 24% are in moderate income families (200-399% FPL). Thus, slightly over eight in ten uninsured women ages 50-64 (83%) are in families with income below 400% FPL (data not shown).

Exhibit 6

Delay in Medical Care in Past 12 Months by Health Insurance Coverage, Women Ages 50-64, California, 2007



*Significantly different from employment-based coverage all year, $p < .05$.

Source: 2007 California Health Interview Survey

Nearly One-Third of Uninsured Women Ages 50-64 Delay Care

A sizeable portion of women ages 50-64 report they delayed or did not get the medical care they felt they needed during the past year (19%), with considerable variation by health insurance status (Exhibit 6). Nearly one-third of uninsured women report delayed or forgone care, a rate twice as high as for women with employment-based coverage. Women receiving Medi-Cal have better access than the uninsured, but still fell behind women with employment-based coverage.

Disparities in Screening Rates by Health Coverage

Across the screening areas examined, striking differences are seen by insurance coverage in the proportion of women who did not have a timely screening (Exhibit 7).

Overall, 10% of women ages 50-64 report they have not had a Pap test during the past three years: 8% report they were screened over three years ago and 2% report they have never been screened. The highest lack of screening rate is among uninsured women, 28% of whom report having no Pap test in the past three years. Fifteen percent of women who receive Medi-Cal have not been screened in the past three years, indicating better access than uninsured women, but still lower rates than women with employment-based coverage.

Lack of Timely Screening by Health Insurance Coverage, Women Ages 50-64, California, 2007

Exhibit 7

Preventive Health Service	All Women Ages 50-64	Employment-Based Coverage All Year	Medi-Cal Coverage All Year	Uninsured All or Part Year
No Pap Test in the Past Three Years**	10%	5%	15%*	28%*
No Mammogram in the Past Two Years	16%	10%	19%*	39%*

*Significantly different from employment-based coverage all year, $p < .05$.

**Pap test estimates exclude women who have had a hysterectomy.

Source: 2007 California Health Interview Survey

Sixteen percent of women ages 50-64 report they have not had a mammogram in the past two years (Exhibit 7). This includes 12% of women whose last screening was over two years ago and 4% who report they have never been screened. Nearly four in ten uninsured women (39%) had no mammogram in the past two years, four times the proportion of women with employment-based coverage (10%). Nearly one in five women on Medi-Cal (19%) had not had a timely screening, a rate better than for uninsured women, but still below that of women with employment-based coverage.

Discussion

The increasing chronic health conditions and physical limitations among women ages 50-64 point to the importance of consistent access to health care for prevention, screening, treatment and maintenance.

Given the rates of obesity and the implications for chronic health concerns as women age, this is an important group to target for educational efforts on weight control. Proactive policies and programs that promote healthy environments are also an important component of preventive care, as many individual health practices are shaped by broader social and economic factors.

Fourteen percent of women in this age group were uninsured for all or part of 2007, and rates were over double that for women with low family incomes. Given the rising health issues and the importance of ongoing health contact and maintenance to manage chronic conditions, lack of or gaps in coverage are concerning.

The majority of uninsured women ages 50-64 are low income, limiting their ability to afford health care. A recent affordability study that examined the costs of basic necessities and health care expenses concluded that low-income families have limited or no resources available to contribute to either premiums or out-of-pocket costs and would require full subsidies.⁴

The importance of health insurance coverage for this group is reinforced by the differences in lack of timely screening for breast and cervical cancer by insurance status, as well as the delays in care uninsured women report.

As women age, these findings underscore the importance of effective and consistent health insurance coverage and the implications for access of lack of coverage.



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Data Source

This brief is based on data from the 2007 California Health Interview Survey (CHIS 2007). The California Health Interview Survey is a biennial telephone survey of the California population living in households. Sampling tolerances at the 95% confidence level were used to calculate statistically significant differences between populations. For more information on the California Health Interview Survey, please visit www.chis.ucla.edu.

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Endnotes

- 1 The Federal Poverty Level (FPL) varies by family income and family size. In 2007, the federal poverty level was \$10,787 for one person, \$13,954 for a family of two and \$16,530 for a family of three.
- 2 National Task Force on the Prevention and Treatment of Obesity. Overweight, Obesity, and Health Risk. *Archives of Internal Medicine*. 2000;160(7):898-904.
- 3 Body Mass Index (BMI) is calculated by dividing weight in pounds by height in inches squared and multiplied by a conversion factor of 703 based on respondent's self report of height and weight. Obesity is defined as a BMI of 30 or above and overweight is a BMI of 25.0-29.99.
- 4 Carroll D, Roby DH, Ross J, Snavely M, Brown ER, Kominski GF. *What Does it Take for a Family to Afford to Pay for Health Care?* Los Angeles, CA: UCLA Center for Health Policy Research, 2007.