

Policy Brief Abstract

Single Mothers in California: A Description of Their Health Insurance Coverage (May 2002)

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Summary

This report examines the health insurance coverage of single mothers in California, addressing the factors affecting their coverage, as well as changes in coverage between 1994-95 and 1998-99. The descriptive data for this study were obtained from analyses of the 1995, 1996, 1999, and 2000 March Current Population Surveys. The findings in this study illustrate the disadvantage that many single mothers in California experience in their access to health insurance coverage. Single mothers are less likely than women in other family structures to have job-based coverage; they are more likely to be uninsured, with the exception of single women with no children; and they rely more on public health insurance programs, such as Medi-Cal. Nearly one in three (28%) single mothers is uninsured. Single mothers have experienced significant changes recently in their health insurance coverage, including a decline in Medi-Cal, an important source of coverage. Though many single mothers work, they have low rates of job-based coverage. The expansion of the Healthy Families program (California's state- and federal-funded health coverage program for children) is important for single mothers. As well, adding incentives for employers to offer job-based coverage, and better support of safety-net providers are among the actions needed to maintain and improve coverage and access to care for single mothers.

Key Findings

- Nearly one in three (28%) single mothers is uninsured, a rate higher than the state average for all women ages 19-64 (24%) and of married mothers (19%)
- Even though the majority (78%) of single mothers in California work, single mothers have much lower job-based coverage rates (41%) than the state average for all women (61%).
- The vast majority (80%) of *uninsured* single mothers are low-income with family incomes below 250% of the federal poverty level.
- Single mothers have experienced an increase in their uninsured rate (from 20% in 1994-95 to 28% in 1998-99), a change that is related largely to a decline in their Medi-Cal coverage that fell from 37% in 1994-95 to 29% in 1998-99.

Policy Implications / Conclusions

- Given the high proportion of uninsured single mothers with low incomes, the Healthy Families expansion is crucial and broadening expansions to include up to 250% of the federal poverty level should also be considered.
- Subsidies for low-wage firms and financial assistance to low-income employees would help to ameliorate the often-prohibitive costs of health insurance premiums.
- The services that provide care to the uninsured and those on public programs are an important component of access for low-income populations, such as many single mothers, and require adequate ongoing financial support.

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