



SUMMARY

report

June 2002

Health Insurance Coverage of Single Mothers In California

by

Roberta Wyn, PhD

Victoria D. Ojeda, MPH

UCLA Center for Health Policy Research

*Report funded by
a grant from
The California
Endowment*

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Acknowledgements

The authors thank The California Endowment for its financial support of the study. The California Endowment was established to expand access to affordable, quality health care for underserved individuals and communities. The Endowment, the state's largest health foundation, provides grants to organizations and institutions that directly benefit the health and well-being of the people of California.

The report would not have been possible without the excellent work of a number of staff members at the UCLA Center for Health Policy Research. Hongjian Yu, PhD, Vanessa C. Beddo, MA, Terry T. Nakazono, MA, and Chaofeng Liu, MS, provided statistical support and programming assistance. Valuable comments on a draft of this report were provided by Ninez Ponce, PhD, and E. Richard Brown, PhD. Paula Bagasao, PhD, and Clodagh Harvey, PhD, provided editorial, production, and communications services. Martha Widmann provided graphics services.

Lynn Kersey, MPH, MA, from Maternal and Child Health Access, provided important feedback on the Medi-Cal and policy issues in the report.

Executive Summary

The number of families and households that are headed and maintained primarily by women has been growing for over twenty years. In California, 11% of women ages 19-64 (approximately 1.16 million) are single mothers.¹ Single mothers are a diverse group of women, varying on a number of sociodemographic characteristics, including age, race, and ethnicity. Their incomes are generally lower than those of women in other family structures and lower than incomes for women in the state overall. As a group, single mothers face numerous barriers to obtaining health insurance coverage, a resource that facilitates access to and use of health services. Single mothers are disproportionately affected by changes in public policy, the economy, and the labor market, factors that affect access to coverage.

This report provides information on selected sociodemographic characteristics of single mothers in California and examines their current health insurance coverage, factors affecting coverage, and changes in their coverage between 1994-95 and 1998-99. Some key findings of the report are as follows:

Single mothers experience disadvantages in their access to health insurance coverage.

- Nearly one out of three (28%) single mothers is uninsured, a rate higher than the state average for all women ages 19-64 (24%) and married mothers (19%).
- Single mothers have much lower job-based coverage rates (41%) than the state average for all women (61%) and for married mothers (68%).
- Single mothers' lower job-based coverage rates are attributable in part to their limited access to job-based coverage as a *dependent* through a spouse's coverage. Just 5% of single mothers have job-based coverage through a family member compared to 40% of married mothers.
- Their lower incomes make some single mothers more reliant on public health insurance coverage and thus more affected by changes in public policies that alter eligibility or benefits.

Single mothers have experienced several important changes in their coverage.

- Their uninsured rate increased from 20% in 1994-95 to 28% in 1998-99.
- The increase is related largely to the decline in their Medi-Cal coverage from 37% in 1994-95 to 29% in 1998-99. Single mothers' job-based coverage rates did not increase significantly during this period (39% to 41%) and did little to offset the decline in Medi-Cal coverage.

Across all racial and ethnic groups, single mothers have lower rates of job-based coverage than state averages for each group.

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¹Although adolescent single mothers are a very important group, this report focuses on single mothers ages 19-64.

- Latinas' coverage patterns are notable because Latino single mothers have lower rates of job-based coverage than the already low state average for all Latino nonelderly women (24% vs. 42%, respectively). Latino single mothers are as likely to be uninsured as all Latinas in the state (38% and 41%, respectively).

Many single mothers work, but job-based coverage rates are relatively low.

- Three-quarters (78%) of single mothers in California work; four in 10 are employed full time throughout the year.
- Working full time throughout the year offers single mothers the best opportunity for securing job-based coverage (65%); job-based coverage rates are lower for those who work part time (29%) or for part of the year (37%).
- The majority of *uninsured* single mothers are working (72%). Of these, slightly over one-third are working full time.

The financial resources of single mothers in California are more limited than those of married mothers or of women in the state overall, a factor which can pose a significant barrier to securing coverage.

- Nearly three-quarters (72%) of single mothers are low income (family incomes below 250% of poverty), a rate nearly twice that of the state average of all nonelderly women (40%).
- Eighty percent of *uninsured* single mothers are low income, limiting the resources they have available to pay for medical expenses.

As the heads of their families and often the sole wage-earners, single mothers are disproportionately affected by changes in public policy, the economy, and labor market factors. Many rely on public programs, such as Medi-Cal (Medicaid nationally) for coverage. Between 1994-95 and 1998-99 single mothers' Medi-Cal coverage declined significantly and their uninsured rate increased. The changes in their Medi-Cal coverage are related to several factors. The delinking of Medicaid and cash-assistance programs resulted in confusion over eligibility and transitional coverage options. Furthermore, the federal legislation limited coverage for immigrants, and although California did not impose these restrictions, the confusion over policy changes may have acted as a deterrent to immigrant participation in public programs, including Medi-Cal.

Since the time the data in this report were collected, the nation's and California's economy have declined. Whereas a stronger economy marked the 1990s and contributed to low unemployment rates throughout California, the economy has recently experienced a downturn and layoffs have increased, including in industries that employ single mothers. These events are likely to have negative consequences for single mothers and their families.

Both public and private solutions are needed to ensure coverage for single mothers. Expanding the Healthy Families program to include parents, adding incentives for employers to offer job-based coverage, and better supporting safety-net providers are among the actions needed to maintain and improve coverage and access to care for single mothers in California.

Introduction

Across the nation, the structure of families in the United States is changing. Census 2000 data indicate that the proportion of nuclear families has declined nationally while the number of families and households that are headed and maintained primarily by women has been growing for over twenty years (U.S. Department of Labor 1993; Schmitt 2001). California has a slightly higher prevalence of nuclear families, yet the state has also witnessed a growth in the number of single-parent households (Ness 2001). Securing health insurance coverage is difficult for many women, especially those who are low income, a group overrepresented among single mothers (U.S. Department of Labor 1993).

Lower income women have fewer options for obtaining coverage and have more limited financial resources, conditions exacerbated by disparities in earnings and women's occupational distribution in the labor market. Additionally, women who may not be able to work full time throughout the year because of parenting responsibilities may experience fewer employment benefits (U.S. Department of Labor 1993). Consequently, women who are part-time employees or contingent workers may not have access to employer-sponsored health insurance since coverage is

offered most often to workers who are employed full time throughout the year. In sum, many of these circumstances limit single mothers' access to job-based coverage, the most common form of coverage among nonelderly adults today.

For very low-income women with dependent children, coverage has been available through the nation's safety-net health insurance program, Medicaid, known as Medi-Cal in California.² However, between 1994 and 1999, Medi-Cal rates have gradually declined for the nonelderly population, paralleling national trends (Brown et al. 2001; Bruen and Holahan 2001).³

Having some form of health coverage allows women to maintain their own as well as their children's health. Women who lack health insurance coverage are less likely to receive the medical care they need. Health insurance coverage facilitates access to the health care system and offers women opportunities for obtaining therapeutic and preventive services. Uninsured women are less likely than those with either private or public coverage to have a usual source of care, are more likely to delay seeking care, and are less likely to have had a recent visit to a doctor (Wyn and Solis 2001). Poor health status can have

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²Medi-Cal is jointly funded by federal and state dollars and provides health insurance coverage and other services to California's very low income residents, including pregnant women, children, elderly and certain disabled individuals, and those with particular health-care needs. All participants must meet certain income and asset criteria. Medi-Cal enrollment is limited to citizens, legal permanent residents, and selected immigrant groups, while undocumented immigrants and others may only qualify for emergency care, pregnancy care, and some nursing home services.

³The implementation of welfare reform led to the delinking of Medi-Cal from the former Aid to Families with Dependent Children (AFDC), a cash-assistance program that was later replaced by CalWORKS; this process further complicated Medi-Cal eligibility guidelines while offering opportunities for securing coverage. Since 1998, several important changes to Medi-Cal legislation have occurred in California. In 1998, Medi-Cal offered pregnant women and children options to mail in enrollment applications for the program in addition to in-person applications. In 1999, face-to-face interviews were no longer required for annual redetermination. In 1999, the new Medi-Cal category 1931(b) was implemented in California, offering coverage to cash-program beneficiaries as well as families who do not receive CalWORKS but who would have been eligible for coverage under the AFDC program. This category also offers coverage to families who are eligible for cash assistance but who choose to receive only Medi-Cal coverage. In 2000, the Medi-Cal coverage category 1931(b) was expanded to include individuals with family incomes up to 100% of the federal poverty level, a change which primarily benefits adults since children at this income level are already covered. In 2001, quarterly status reports for adult Medi-Cal participants were eliminated while Health-e-App, a new Web-based Medi-Cal application, has been introduced on a trial basis in selected counties in California (Medi-Cal Policy Institute, September 2001; Medi-Cal Policy Institute, 1999).

negative repercussions for the financial and social well-being of single mothers and their families, especially since women in such households are their children's primary caretakers. Lack of insurance continues to affect many Californians' lives, and in 1999, 6.8 million, or 22% of California's nonelderly adults and children ages 0-64 years, lacked any form of health insurance (Brown et al. 2001).

Using data from the Current Population

Survey (CPS), this report focuses on the issue of coverage for single mothers, analyzing California families that are headed by women and include dependent children. We investigate the current health insurance coverage of California's single mothers and factors affecting coverage as well as changes in coverage between 1994-95 and 1998-99. (For an explanation of the methods used, consult the Appendix.)

Findings

Characteristics of Single Mothers in California

Twenty-eight percent of single mothers in California are uninsured...

In 1999, in California, 11% of women ages 19-64 (approximately 1.16 million) were single mothers. Fewer men in the state (3% of men ages 19-64, or approximately 266,000) were single fathers. The state's single-parent population is predominantly female (81%). This report focuses on these 1.16 million single mothers ages 19-64, examining their health insurance coverage, factors that affect their coverage, and changes in coverage.

Single mothers as a group share several characteristics that place them at increased risk of being uninsured, including younger age and low income level. Single mothers cut across all age groups, but are generally a younger population than married mothers (Exhibit 1). They are twice as likely as married mothers (15% vs. 6%) to be ages 19-24.

The majority of single mothers are over age 25, however; slightly over one-third (35%) are 25-34 years old, 30% are 35-44, and 21% are 45 or over.

Non-Latino white women and Latinas comprise the majority (39% and 38%, respectively) of single mothers (data not shown). Nearly one in 10 single mothers is Asian American and Pacific Islander (AAPI) (7%) and 13% are African American. Even though single mothers are a diverse group, women in certain racial/ethnic groups are more likely to be single parents and therefore disproportionately affected by policies that affect single mothers. One out of four African-American women and one out of six Latinas are single parents, as are approximately one out of 10 white and AAPI women.

*Exhibit 1:
Selected
Characteristics of
Single Mothers
Compared to Married
Mothers and to All
Women, Ages 19-64,
California, 1999.*

	Single Mothers	Married Mothers	All Women
Ages 19-24	15%	6%	15%
Poor (family income below poverty)	32%	11%	13%
Low income (family incomes <250% of poverty)	72%	39%	40%
Working full time, full year	43%	33%	41%
Nonworking	22%	34%	27%

Source: March 2000 Current Population Survey

The majority of single mothers have low incomes (Exhibit 2). Single mothers are 2.5 times more likely to live in poverty (family incomes below the federal poverty level) than married mothers (32% vs. 11%) and women statewide (13%) (Exhibit 1).⁴ Nearly three-quarters (72%) of single mothers live in families with incomes below 250% of poverty level, compared to 40% of women statewide (Exhibit 1); 28% do have family incomes over 250% of poverty.

Even though the majority of California's single mothers have limited financial resources, three-fourths (78%) are working. Four in 10 (43%) single mothers are employed full time throughout the year, compared to 33% of married mothers (Exhibit 1). Single mothers are more likely to participate in the labor force than are married mothers or the statewide average of women.

Single mothers have diverse family situations. Four in 10 are divorced (39%), an equal proportion have never been married (40%), 14% are separated, and 7% are widowed.

Current Coverage

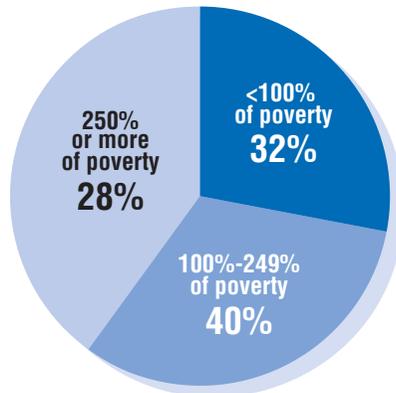
The sources of health insurance coverage for single mothers vary significantly from those of all nonelderly women in California (Exhibits 3 and 4) and women in other family structures.

Single mothers have higher uninsured rates than women in most other family living arrangements, have lower rates of job-based coverage, and are more likely to receive Medi-Cal (Exhibit 5). Twenty-eight percent of single mothers in California are uninsured, more than the state average for nonelderly women (24%) and higher than the rate for married mothers (19%) and for married women without children (18%) (Exhibit 5). Overall, women who are single have higher rates of uninsurance than women who are married. Single women without children have rates similar to single mothers.

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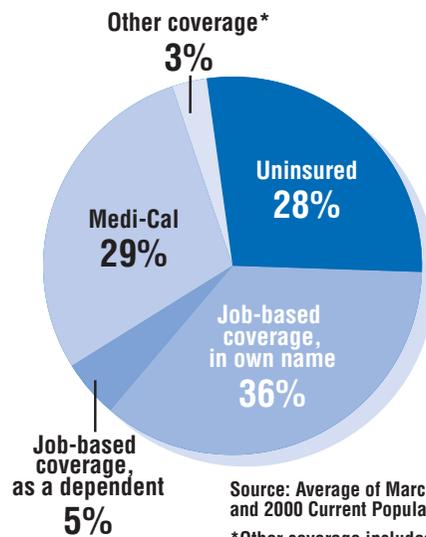
⁴In 1999, this translated to \$11,214 for a family of two and \$17,029 for a family of four. See <http://www.census.gov/hhes/poverty/threshold/thresh99.html>.

*Exhibit 2:
Family Income
Relative to the
Federal Poverty
Level, Single
Mothers Ages 19-64,
California, 1999*



Source: March 2000 Current Population Survey

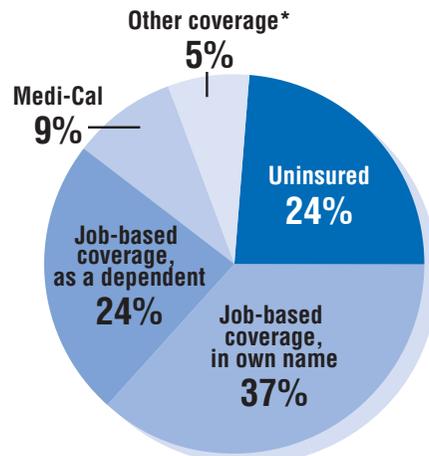
*Exhibit 3:
Single Mothers'
Health Insurance
Coverage, Ages 19-64,
California, 1998-99*



Source: Average of March 1999 and 2000 Current Population Surveys

*Other coverage includes privately purchased and other government insurance (i.e., CHAMPUS, VA, Medicare).

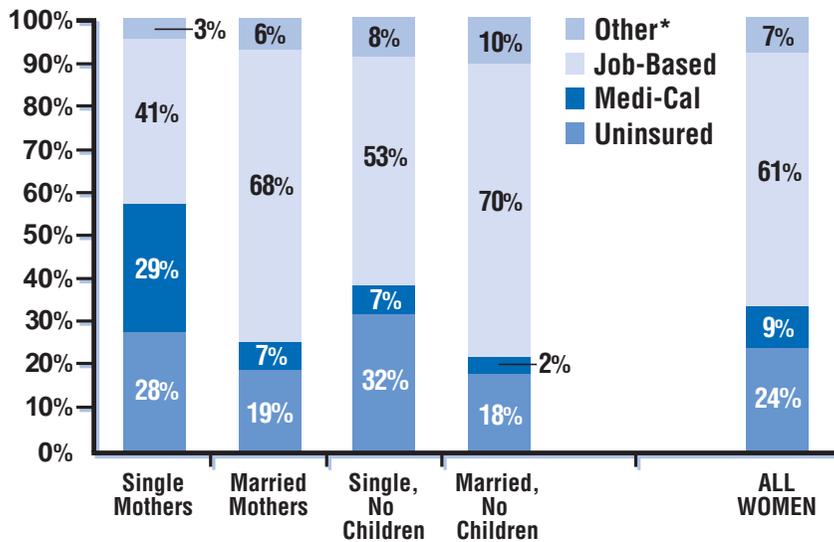
*Exhibit 4:
All Women's Health
Insurance Coverage,
Ages 19-64,
California, 1998-99*



Source: Average of March 1999 and 2000 Current Population Surveys

*Other coverage includes privately purchased and other government insurance (i.e., CHAMPUS, VA, Medicare).

Health Insurance Coverage of Single Mothers in California



Source: Average of March 1999 and 2000 Current Population Surveys

*Other coverage includes privately purchased and other government insurance (i.e., CHAMPUS, VA, Medicare).

Exhibit 5:
Health Insurance Coverage by Family Structure, Women Ages 19-64, California, 1998-99

Single mothers are the least likely to have job-based coverage even though more than three-quarters have some labor market involvement. Fewer than half of all single mothers (41%) have job-based health insurance, a factor contributing to their higher uninsured rate. In contrast, approximately seven out of 10 married women (with and without children) have this form of coverage. The reason for this discrepancy is the limited access to *dependent* job-based coverage (also called family coverage) for single mothers. Many women in the state rely on this source of coverage through a spouse, or possibly a parent, to offset their own lack of insurance or lack of stable coverage. Just 5% of single mothers have job-based coverage as a dependent compared to one-quarter of nonelderly

Exhibit 6:
Job-Based Coverage Sources, Single Mothers, Married Mothers, and All Women, Ages 19-64, California, 1998-99

Source of Job-Based Coverage	Single Mothers	Married Mothers	All Women
Job-based coverage in own name	36%	28%	37%
Job-based coverage as a dependent	5%	40%	24%
TOTAL	41%	68%	61%

Source: Average of March 1999 and 2000 Current Population Surveys

women in the state and 40% of married women (Exhibit 6).

Medi-Cal, California's Medicaid program, is an important source of coverage for many single mothers. Nearly three in 10 (29%) are covered by this public source, a rate three times the average for all nonelderly women (9%) and higher than the rate for women in other family structures (Exhibit 5). Other forms of coverage, such as individually purchased insurance, CHAMPUS, VA, military health coverage, and Medicare combined, play a small role (3%) in insuring single mothers.

Changes in Health Insurance Coverage: 1994-95 vs. 1998-99

The 1990s were marked by important economic and social changes that affected single mothers. National economic growth yielded low unemployment rates. At the same time, public policy changes, such as the 1996 Personal Responsibility and Work Opportunity Act, known as welfare reform, contributed to declining enrollments in public benefits programs throughout the nation and in California. To examine how health insurance coverage has changed for single mothers, we analyzed changes in coverage between 1994-95 and 1998-99.⁵

The changes in uninsured and Medi-Cal rates in California have been most notable among single mothers. The percentage of single mothers without health insurance increased from 20% in 1994-95 to 28% in 1998-99 (Exhibit 7). This increase is primar-

⁵Two years are averaged to increase the sample size and the stability of the estimate.

ily related to the sharp decrease in Medi-Cal from 37% in 1994-95 to 29% in 1998-99.⁶ Job-based coverage did not offset the decline in Medi-Cal for single mothers during this period (39% to 41%). During this time period, the uninsured rate did not change for women in any of the other family structures (Exhibit 7). There was a decline in Medi-Cal for married mothers with children (10% to 7%), a

group with low rates of Medi-Cal coverage to begin with.

Coverage by Age

Health insurance coverage is critical for women of all ages as their health needs change throughout the lifespan. Younger

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	1994-95	1998-99	Change in Percentage Points	
UNINSURED				
All women	22%	24%	+2	*
Single mothers	20%	28%	+8	**
Married mothers	19%	19%	—	
Single, no children	30%	32%	+2	
Married, no children	18%	18%	—	
MEDI-CAL				
All women	11%	9%	-2	***
Single mothers	37%	29%	-8	**
Married mothers	10%	7%	-3	**
Single, no children	8%	7%	-1	
Married, no children	3%	2%	-1	
JOB-BASED COVERAGE				
All women	60%	61%	+1	
Single mothers	39%	41%	+2	
Married mothers	65%	68%	+3	
Single, no children	55%	53%	-2	
Married, no children	70%	70%		

*Exhibit 7:
Changes in Health
Insurance Coverage
by Family Structure,
Women Ages 19-64,
California, 1994-95
and 1998-99*

Source: Average of March 1995-1996 and of 1999-2000 Current Population Surveys

*significant at $p < .05$, **significant at $p < .001$, ***significant at $p < .0001$

⁶For further discussion of the factors driving changes in Medi-Cal coverage among single mothers, please refer to the discussion.

women often need access to reproductive health-care services, while women in their middle years begin to focus their medical care on the identification and maintenance of emerging chronic health conditions. During these years, women need health care coverage for the protection it provides against high out-of-pocket costs that can arise managing chronic conditions. Women of all ages depend upon routine screening examinations, such as breast and cervical cancer tests, to detect potential threats to their health. An uninsured status can jeopardize women’s ability to secure age-appropriate services that can safeguard health.

Among single mothers, uninsured rates are fairly constant across age groups, but sources of coverage differ, with younger

mothers more likely to have Medi-Cal, but older mothers having higher rates of job-based coverage. Among single mothers, nearly three in 10 ages 19-44 (ranging from 28% to 30%) are uninsured, as is one in four (24%) ages 45-64 (Exhibit 8). Among all nonelderly women in the state the pattern is different, with uninsured rates decreasing with increasing age (from 36% among women ages 19-24 to 18% among women ages 45-64).

Job-based coverage rates do increase with age among single mothers though coverage is well below the state average for each age group. At best, the highest rate of coverage is found among single mothers ages 45-64 (49%), but this is significantly lower than the state average for women in this age group (66%).

*Exhibit 8:
Health Insurance
Coverage by Age
Group, Single
Mothers and All
Women, Ages 19-64,
California, 1998-99*

	Single Mothers	All Women
AGES 19-24		
Uninsured	28%	36%
Job-based coverage	29%	47%
Medi-Cal	42%	13%
AGES 25-34		
Uninsured	30%	28%
Job-based coverage	34%	57%
Medi-Cal	35%	10%
AGES 35-44		
Uninsured	29%	22%
Job-based coverage	48%	65%
Medi-Cal	19%	7%
AGES 45-64		
Uninsured	24%	18%
Job-based coverage	49%	66%
Medi-Cal	24%	6%

Source: Average of March 1999 and 2000 Current Population Surveys

Given single mothers' lower rates of job-based insurance, Medi-Cal is a critical source of coverage across all age groups but especially for those in the younger age cohorts. Single mothers in the 19-24 and 25-34 age groups have the highest Medi-Cal coverage rates (42% and 35%, respectively), with rates dropping by half for single mothers in the older age groups.

Coverage by Race and Ethnicity

Health insurance coverage often varies by racial and ethnic subgroup. Although access to care varies across populations, in general racial/ethnic groups experience poorer access to health care than do whites, with a disproportionate share of morbidity and mortality (Collins 1999). In this section, we examine job-based coverage, Medi-Cal, and uninsured rates of women from four major racial/ethnic groups in California: Asian American and Pacific Islander (AAPI), African American, Latino, and non-Latino White (Exhibit 9).⁷

Asian American and Pacific Islander.

The AAPI community in California is heterogeneous, including immigrants or native-born individuals with origins in China, the Philippines, Korea, Japan, Vietnam, Southeast Asia, the Pacific Islands, and South Asia.⁸ Asian-American and Pacific Islander women in California make up 13% of the state's female adult population ages 19-64—a total of 1.38 million—and, of these, 6% are single mothers.

Among AAPI women who are single mothers, 33% are uninsured (Exhibit 9). Job-based health insurance is an important source of coverage for most women, yet fewer than half of AAPI single mothers are insured this way. This is lower than the state average for all nonelderly AAPI women (61%) (data not shown). Medi-Cal coverage rates for AAPI single mothers are not available due to small sample sizes.

African American. In California, approximately 6% (or 644,000) of adult women ages

19-64 years are African American. One-quarter of African-American women in the state are single mothers. Nearly one-fourth (22%) of African-American single mothers are uninsured (Exhibit 9). Fewer than one-half (41%) have job-based insurance, lower than the state's average for nonelderly African-American women (55%) (data not shown). Medi-Cal is an important safety-net program for many women, and it provides coverage to over one-third (36%) of African-American single mothers.

Latino. Latinas in California are a large and diverse population, accounting for over one-fourth (27%) of the state's nonelderly female population. In California, over 2.8 million women are Latino, with diverse origins. Although the majority are from Mexico, Latinas also come from Puerto Rico, Cuba, and Central and South America. Sixteen percent of nonelderly Latinas are single mothers.

Latino single mothers are the most disadvantaged group among single mothers, with the lowest job-based insurance rates and higher uninsured rates than black and white single mothers. Nearly four out of 10 Latino single mothers (38%) are uninsured (Exhibit 9), forming part of an uninsured population that includes over 1.1 million Latinas (41%) (data not shown) throughout California. The high uninsured rate of Latino single mothers, as well as all Latinas in California, is related in large part to their low rates of job-based insurance. Only one-fourth (24%) have employer-sponsored health insurance. Medi-Cal provides coverage to 36% of Latino single mothers.

Non-Latino White. In California there are approximately 5.47 million non-Latino white women ages 19-64. Eight percent are single mothers. Approximately one in five (22%) white single mothers is uninsured (Exhibit 9). Slightly more than half of all white single mothers have job-based coverage though this rate is significantly lower than the rate for married white mothers (81%) (data not shown). Like women of other racial

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Given single mothers' lower rates of job-based insurance, Medi-Cal is a critical source of coverage...

⁷Small sample sizes did not permit analysis of American Indian and Alaskan Native single mothers.

⁸Sample sizes are too small to examine single mothers by AAPI subgroup although this would be the preferred way.

*Exhibit 9:
Health Insurance
Coverage by
Race/Ethnicity,
Single Mothers,
Ages 19-64,
California,
1998-99*

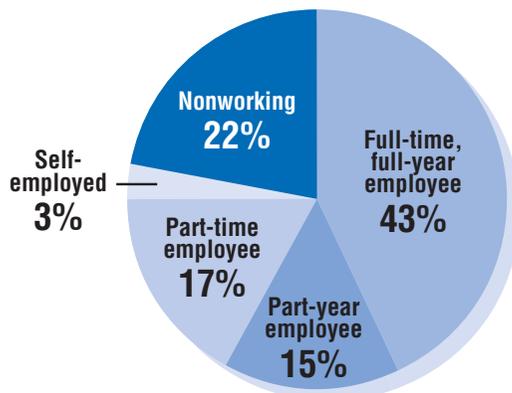
ASIAN AMERICAN AND PACIFIC ISLANDER	
Uninsured	33%
Job-based coverage	44%
Medi-Cal	NA*
AFRICAN AMERICAN	
Uninsured	22%
Job-based coverage	41%
Medi-Cal	36%
LATINA	
Uninsured	38%
Job-based coverage	24%
Medi-Cal	36%
WHITE	
Uninsured	22%
Job-based coverage	54%
Medi-Cal	21%

Source: Average of March 1999 and 2000 Current Population Surveys

*NA: Data not available due to small sample sizes.

and ethnic groups, white single mothers have fewer opportunities than their married counterparts to obtain dependent coverage. Thus, Medi-Cal becomes an important source of coverage for 21% of white single mothers who might otherwise be uninsured.

*Exhibit 10:
Work Status of
Single Mothers,
Ages 19-64,
California, 1999*



Source: March 2000 Current Population Survey

Coverage by Work Status

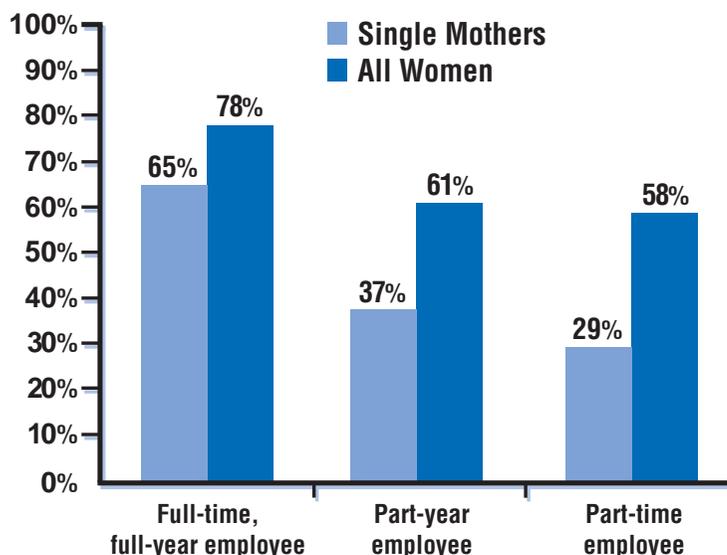
Employers have historically used health insurance, among other benefits, as part of an employment package to attract and retain workers. However, structural changes in the economy have resulted in more jobs in sectors of the economy that have traditionally low offer rates of coverage and more low-income workers (O'Brien and Feder 1999). In addition, employees in part-time or temporary jobs, who are often women, are less likely to be offered coverage (Rice et al. 1999).

The majority of California's single mothers work (78%). Four in 10 (43%) are employed full time throughout the year. An additional 15% are employed full time for part of the year and 17% are employed part time. A small proportion are self-employed (3%). The

remainder (22%) are not in the labor market (Exhibit 10). The work patterns of single mothers are generally similar to those of nonelderly women in California overall, with the same proportions working full time for the full year. But single mothers are more likely than women statewide to be in the labor force. Twenty-seven percent of California nonelderly women are not in the labor market compared to 22% of single mothers.

Despite their high rates of labor force participation, many single mothers do not receive health insurance coverage through employment. Working full time for the full year provides the best opportunity for job-based coverage for single mothers (65%) (Exhibit 11), yet 23% remain uninsured. Rates of job-based coverage are lower for single mothers who work for part of the year (37%) or part time (29%), with Medi-Cal playing a particularly important role for these women.

Single mothers' job-based coverage rates are lower than the state averages for women working in such positions (Exhibit 11). Whereas 65% of single mothers working full time for the year have job-based coverage, three-quarters of similarly employed women statewide have this form of coverage. Disparities in coverage are even more pronounced for single mothers working in other job situations. Single mothers who work for part of the year also have lower coverage rates than the state average of women with this job status (37% vs. 61%). For those working part time, the job-based coverage rate for single mothers is half that of the state average (29% vs. 58%). This discrepancy is primarily due to differences in family coverage as a dependent (Exhibit 12). Single mothers have very little



Source: Average of March 1999 and 2000 Current Population Surveys

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Exhibit 11: Job-Based Coverage by Women's Work Status, Single Mothers and All Women, Ages 19-64, California, 1998-99

Work Status	Single Mothers	Married Mothers	All Women
Full-time full-year employee			
In own name	63%	59%	66%
As a dependent	2%*	24%	12%
Part-year employee			
In own name	33%	30%	39%
As a dependent	4%*	38%	22%
Part-time employee			
In own name	20%	22%	22%
As a dependent	9%*	53%	36%

Source: Average of March 1999 and 2000 Current Population Survey

*The sample sizes for single mothers' dependent coverage are small and should be viewed with caution.

Exhibit 12: Job-Based Coverage Sources, Single Mothers, Married Mothers, and All Women by Work Status, Ages 19-64, California, 1998-99

*Exhibit 13:
Selected
Occupational
Groupings of
Working Single
Mothers, Job-Based
Coverage Rates,
Ages 19-64,
California, 1998-99*

Occupation	Percent of Working Single Mothers Employed in Occupation	Percent with Job-Based Coverage
Administrative support	25%	66%
Service	19%	36%
Sales	12%	40%
Executive/administrative/managerial	12%	81%
Professional speciality	11%	72%

Source: Average of March 1999 and 2000 Current Population Surveys

*Exhibit 14:
Selected Industry
Groupings of Working
Single Mothers,
Job-Based
Coverage Rates,
Uninsured Rates,
Ages 19-64,
California, 1998-99*

Industry	Percent of Working Single Mothers Employed in Industry	Percent with Job-Based Coverage	Percent Uninsured
Professional services	32%	65%	18%
Wholesale/retail trade	20%	39%	33%
Manufacturing of durable/nondurable goods	10%	52%	34%
Business/repair services	8%	43%	21%*
Personal services	8%	18%*	46%

Source: Average of March 1999 and 2000 Current Population Surveys

*The estimates for personal services' job-based coverage and business/repair services' uninsured should be viewed with caution because of small sample sizes.

access to dependent job-based coverage. For example, 20% of single mothers working part time have job-based coverage in their own name and 9% have dependent coverage. In contrast, among all nonelderly women in California with part-time work status, 22% have primary job-based coverage (a proportion similar to that of single mothers), but 36% have coverage as a dependent. Among married mothers, the advantages of dependent coverage are clear across all job situations. Thus, while the rates of job-based coverage in one's own name are fairly similar for single mothers, married mothers, and all

women across the different work statuses, it is the discrepancy in dependent coverage that drives the differences in job-based coverage rates among these working women.

Occupation. Eight out of 10 working single mothers are employed in one of five major occupational groupings: administrative support; service; sales; executive/administrative/managerial positions; and professional specialties (Exhibit 13). One-quarter (25%) are employed in administrative support occupations with jobs such as secretaries, supervisors, bookkeepers, clerks, record-keepers, and record proces-

sors, among many other types of support positions. The service sector employs an additional one-fifth (19%) of single mothers in positions such as food preparers, cooks, health assistants and aides, hairdressers, personal service providers, and cleaning positions. Twelve percent of single mothers work in sales occupations in such areas as retail, real estate, and insurance. An additional 12% work in executive, administrative, and managerial occupations, which include jobs such as financial managers, administrators, managers, and personnel staff. Professional specialty jobs are held by one out of 10 working mothers and include such occupations as teachers, registered nurses, librarians, social workers, and recreational workers.

Single mothers who work in professional specialties, administrative support, or executive/administrative/managerial occupations have the best job-based coverage rates, while those in sales or service occupations have the lowest rates, covering just slightly over one-third. Some of the discrepancies seen across occupational groupings may be due to work status, that is, the number of hours a woman is working.

Industry. Industry involvement is also important when looking at work and coverage. The top five industry groupings that employ single mothers are professional services, wholesale/retail trade, manufacturing of durable/nondurable goods, business/repair services, and personal services (Exhibit 14). Nearly one-third of women work in the professional services industry, and an additional 20% are in wholesale/retail trade. Combined, these two industries account for slightly over one-half of employed single mothers.

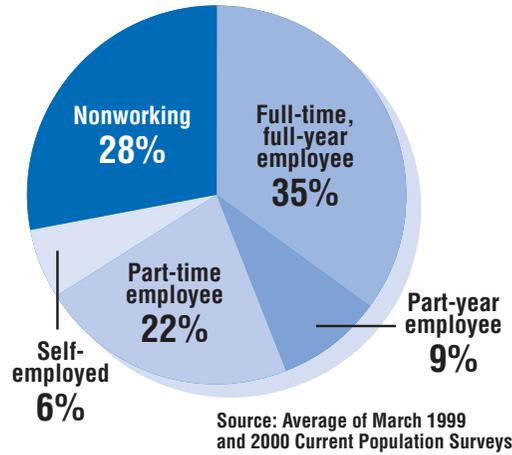


Exhibit 15:
Work Status of Uninsured Single Mothers, Ages 19-64, California, 1998-99

Job-based coverage rates differ by industry of employment. Single mothers in the personal services industry have the lowest rate of job-based coverage (18%) and one of the higher uninsured rates (Exhibit 14). The best coverage is seen for those in the professional services industry with two-thirds covered by job-based coverage.

Work status of uninsured. Nearly three-quarters (72%) of uninsured single mothers work (Exhibit 15). Slightly over one-third are full-time, full-year employees. An additional 22% are employed part time, 9% are part-year employees, 6% are self-employed, and 28% are not in the labor force.

Coverage by Poverty Level

The uninsured rate and source of coverage varies among single mothers by their poverty level (Exhibit 16). Among single mothers with family incomes below poverty, Medi-Cal is a primary source of coverage (54%), yet it

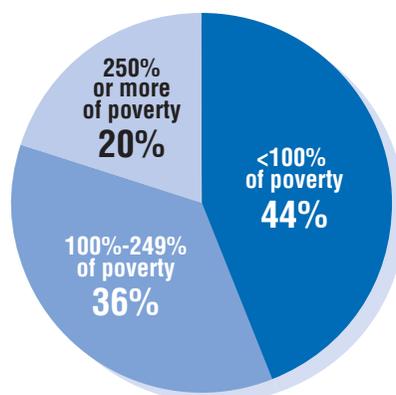
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	Below Poverty	100%-249% of Poverty	250% or More of Poverty
Uninsured	35%	28%	20%
Job-based coverage	9%	46%	74%
Medi-Cal	54%	24%	3%

Exhibit 16:
Health Insurance Coverage by Poverty Level, Single Mothers, Ages 19-64, California, 1998-99

Source: Average of March 1999 and 2000 Current Population Surveys

*Exhibit 17:
Uninsured Single
Mothers by Family
Income Relative
to the Federal
Poverty Level,
Ages 19-64,
California, 1998-99*



Source: Average of March 1999 and 2000 Current Population Surveys

cannot compensate for low job-based coverage rates (9%). Slightly over one-third (35%) are uninsured.

Job-based coverage rates improve among single mothers at 100%-249% of poverty

(46%), yet 28% remain uninsured. The highest rates of job-based coverage are among single mothers at 250% or more of poverty. Even so, when compared to their married counterparts, single mothers do not fare as well. They are nearly three times as likely to be uninsured (20% vs. 7%) as married mothers at this income level and have lower rates of job-based coverage (74% vs. 86%).

Poverty status of uninsured. The vast majority of uninsured single mothers have low incomes: 44% live in poverty and 36% have family incomes between 100% and 249% of poverty (Exhibit 17). Thus, eight out of 10 uninsured single mothers have family incomes below 250% of poverty, limiting the affordability of health insurance premiums and health care services.

Discussions and Policy Implications

California's single mothers are a diverse group that includes women of all ages, races, and ethnic backgrounds. The findings in this study illustrate the disadvantages 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, California's Medicaid program.

For some single mothers, their limited financial resources and lack of access to dependent coverage affect their chances of obtaining private health insurance. As the heads of their families, single mothers are disproportionately affected by changes in public policy, the economy, and the labor market, requiring many to weigh the costs of health care coverage and medical care against other basic family needs including food, housing, and child care expenses.

The uninsured rate for single mothers has increased since the 1994-95 period as

Medi-Cal coverage has declined. Other studies have also documented a decline in Medicaid coverage among women during the past several years, both in California and nationally. In California, lower participation rates in Medi-Cal have been associated with a number of factors, such as the delinking of Medicaid from cash-assistance programs (formerly Aid to Families with Dependent Children, now known as CalWORKS) as well as administrative barriers within counties to retaining Medi-Cal coverage. Confusion regarding eligibility for transitional Medicaid coverage for working families has also been problematic for both beneficiaries and caseworkers, while Medicaid income eligibility requirements remain complex (Ellwood 1999). In a state as diverse as California, which includes a high proportion of immigrants, welfare reform has also played an important role in declining Medi-Cal and other public program participation rates (Zimmermann and Fix 1998). The federal legislation limited coverage for immigrants, and although California did not impose those restrictions, the confusion over

policy changes may have acted as a deterrent.

The economic expansions that occurred during the 1990s may also have contributed to the decline in Medi-Cal participation rates. In some cases, former welfare recipients or their family members were absorbed into the state's expanding labor market, and increased earnings made some families ineligible for public assistance, including CalWORKS benefits, or Medi-Cal coverage (California Department of Social Services 2000). While one study found that 57% of former CalWORKS beneficiaries continued participating in Medi-Cal after leaving CalWORKS (California Department of Social Services 2000), many individuals and families have *not* retained or secured Medi-Cal. These findings suggest that many potentially eligible individuals, especially women and children who constitute the majority of Medi-Cal enrollees, may be at risk of lacking coverage.

National and state economies improved in the 1990s, helping women join the workforce during labor market expansions. Consequently, the proportion of employed single mothers has increased since 1995, but being employed does not necessarily guarantee access to job-based health insurance: seven in 10 uninsured single mothers are working. This study found that working mothers have lower rates of job-based coverage than the average of all women in California regardless of their work status. The discrepancy in coverage is in part attributable to the limited access that single mothers have to *dependent* coverage (also known as family coverage). Single mothers have fewer opportunities to obtain coverage, increasing the importance of obtaining coverage through their workplace. Single mothers are at a distinct disadvantage in the current insuring system where many women rely on family coverage to compensate for jobs that do not provide coverage.

Sixty percent of California businesses offered health insurance in 2000, yet lower-wage firms are less likely to offer coverage, and employees who work part time or are temporary workers are less likely to be

offered coverage in firms that do offer coverage (Kaiser Family Foundation 2001), factors that affect single mothers. For those single mothers without insurance, privately purchased coverage is often not affordable. The great majority of uninsured single mothers (eight in 10) have low incomes (below 250% of poverty), limiting their ability to pay for private premiums and to pay the costs of health care services.

Since the time the data reported in this publication were collected, the nation's and California's economies have begun to decline. The unemployment rate in California in November 2001 was 6.1%, up from 4.8% in November 2000 (California Employment Development Department 2001; California Employment Development Department 2002). The recent downturns in the economy and increased layoffs are likely to have negative consequences for single mothers.

Though selected industries where single mothers are employed—retail trade and services—have posted job gains over the past year (between November 2000 and November 2001), that twelve-month period includes months of prosperous economic activities. In recent months, however, industries in which a large number of single mothers work, such as retail trade, service industries, and manufacturing, have lost jobs (California Employment Development Department 2001). Those workers who have less tenure in the job market may be at increased risk of job loss since newer workers are often not spared when employers downsize. An Urban Institute monitoring report points out that groups that make gains during times of low unemployment may be adversely affected as unemployment increases, and single mothers are one such group (Lerman 2001).

Health insurance coverage is a critical resource for single mothers; by reducing the financial barriers to care it helps women maintain their health and secure therapeutic and preventive services. Without health insurance coverage, low-income single mothers may jeopardize their health by

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*Eight out of
10 uninsured
single mothers
have family
incomes below
250% of poverty...*

delaying seeking appropriate care. Poor health status may also affect their families' financial situation or opportunities to participate in the labor market.

Recent economic and labor market developments make clear that expanding and supporting both private and public sources of coverage are critical, as are efforts to ensure that program barriers are eliminated to facilitate eligible single mothers' enrollment in the available programs. Medi-Cal and other sources of health insurance, such as Healthy Families, become increasingly important in this changing economic climate.

The expansion of the Healthy Families program (California's state- and federally-funded health coverage program for children) is important for single mothers. The state's waiver to extend the Healthy Families program to cover parents with incomes up to 200% of the federal poverty level has recently been approved by the federal government. Given the high proportion of uninsured single mothers with low incomes, these expansions are crucial, and

broadening expansions to include up to 250% of poverty should also be considered.

Single mothers, regardless of income, are usually the primary wage-earners and sources of health insurance coverage for their families. Many single mothers work in low-wage jobs or less than full time, employment situations that are less likely to provide coverage. Subsidies for low-wage firms as well as employees would help to ameliorate the often prohibitive costs of health insurance premiums. In California, monthly premiums in 2000 for employer-provided health insurance averaged \$492 for family coverage, with employees paying on average \$113 per month (Kaiser Family Foundation 2001), an expense that may be prohibitive for single mothers with low incomes.

Finally, the safety-net services that provide care to the uninsured as well as those on public programs are important components of access for low-income populations and require adequate ongoing financial support. As many single mothers face changes in their relationship to welfare and work, a "safety net" of services is critical to ensure care.

Appendix: Data Source and Methods

Study Population

The March 1995, 1996, 1999, and 2000 Current Population Surveys (CPS) were used to develop the estimates provided in this report. The U.S. Census Bureau, which conducts the CPS every month, interviews a rotating sample of approximately 14,000 persons in California. The March CPS includes questions on health insurance coverage as well as demographic and work status information.

Variables Used

Health Insurance Coverage. 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 that year, a single hierarchical variable was created to reflect rank ordering of reported health insurance coverage.

We counted women who reported having coverage through their own or a family member's employment at any time during the report year as covered by job-based health insurance. Those who reported having private health insurance but no job-based coverage were classified as having privately purchased coverage. Those who did not have private coverage but who had Medi-Cal at any point throughout the year were counted as having coverage through that federal-state program. Women who had none of the above sources of coverage but did report coverage through another public program were counted as "other public." Those with no reported coverage of any kind during the past year were categorized as "uninsured."

Family Structure. The estimates for single mothers as well as for women in other family situations provided in this report are based upon a variable, family structure, that was created for this study. The family structure variable defines single mothers as women ages 19 and older who are divorced, separated, widowed, or never married, and who have children ages 18 years or younger.

Ethnicity. We categorized respondents into four broad ethnic groups: *Latinos* are individuals of any race who identify themselves as Hispanics of either North American or Latin American origin; *African Americans* (i.e., non-Latino blacks); *Asian American and Pacific Islanders* (i.e., non-Latino Asians); and *Whites* (i.e., non-Latino whites).

Person Work Status. A woman was classified as "full-time, full-year employee" if she worked for an employer at least 35 hours per week for 50-52 weeks in the specified calendar year; a "part-year employee" if she worked for an employer full time for less than 50 weeks; a "part-time employee" if she worked for an employer less than 35 hours a week; "self-employed" if she was self-employed; or "nonworking" if she did not work during the year.

Poverty Level. In this report, the designation of poverty is based on the 1999 U.S. Census Bureau poverty thresholds, which are deter-

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mined by total family income and number of persons in a family. In 1999, the poverty level for a family of two was \$11,214 and \$17,029 for a family of four (see <http://www.census.gov/hhes/poverty/threshld/thresh99.html>).

Data Methods

The analyses were conducted using SAS, a statistical package. Sampling tolerances at the 95 percent confidence interval (unless otherwise stated) were used to evaluate statistically significant differences between proportions. The determination of adequate sample size was based on an analysis of the coefficient of variation (CV) using a criterion of 25%, cell size, and confidence intervals to determine the reportability of an estimate.

Health insurance estimates are based upon averages of data from CPS 1999 and 2000, and CPS 1995 and 1996. Two-year averages were used to improve sample sizes.

Note about the Current Population Survey Verification Questions

Estimates of the uninsured population in the Current Population Survey (CPS) have consistently been found to be larger than those of other surveys, suggesting underreporting of health insurance coverage in the CPS. The U.S. Bureau of the Census, which administers the CPS, added health insurance verification questions to its survey beginning in March 2000 and compared results to data that do not include the verification questions. Findings indicate that the overall estimates of uninsured have declined with inclusion of these questions. Additionally, the rate of job-based coverage, the type of insurance that was previously underreported, rose with the addition of the verification questions.

It was not possible to use the verification data for this report because the data were not released in time to enable us to develop two-year combined estimates. However, we were able to compare for single mothers estimates pre- and postverification for the year 2000. We found that the uninsured rate went from 28% (without the verification question) to 26% (with the additional questions about health insurance coverage). There was no change in Medi-Cal coverage, and job-based coverage went from 41% (preverification question) to 42% (with the verification question). The changes in coverage were most notable for higher income single mothers, not lower income. Overall, the changes are relatively small.

For more information, refer to “What is Behind the 8 Percent Drop in the Uninsurance Rate? The CPS Verification Question and Its Impact on States” (see <http://www.shadac.umn.edu/event/CPScc8-0-01/talkingpoints.pdf>). For more general information, refer to Nelson and Mills (2001). For detailed methodology and statistics, see <http://www.census.gov/hhes/www/hlthins.html>.

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