

Single Mothers in California: Understanding Their Health Insurance Coverage

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More than one in four California women who are single mothers is uninsured, one-and-a-half times the rate for married mothers.

This Policy Brief reports on health insurance coverage of single mothers ages 19-64 during the years 1998-1999 in California.

Health insurance coverage facilitates access to and use of health services. However, the more than 1 million adult women in California who are single parents face numerous obstacles to obtaining coverage. They are disproportionately affected by changes in public policy, the economy, and the labor market, all factors related to coverage. Expanding Healthy Families 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.

Characteristics of Single Mothers

Overall, the single-parent population in California includes more than 1.4 million adults ages 19-64, of whom 81% are women. In 1999, 11% of nonelderly California women (approximately 1.16 million) were single mothers. Fewer men (3% of those ages 19-64, or approximately 266,000) were single fathers.

Single mothers in California are racially and ethnically diverse and cut across all age groups. Their incomes are generally lower than those of women in other family structures and lower than incomes for women in the state overall.

Seventy-two percent of single mothers live in families with incomes below 250% of poverty (including one-third who live in

poverty) compared to 40% of all women in the state.¹ For many single mothers, limited economic resources may make insurance coverage and health care unaffordable. Health care decisions and expenses must be weighed against financial obligations to cover basic living needs.

Current Health Insurance Coverage

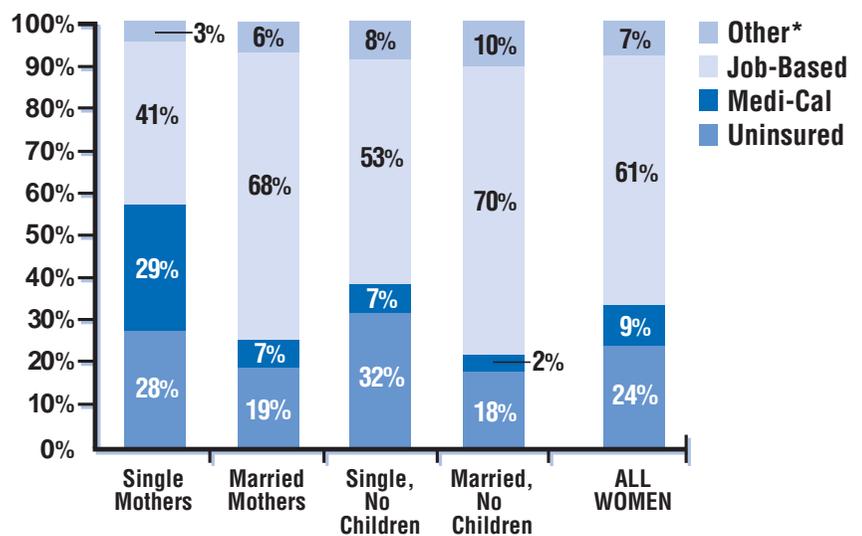
The pattern of coverage of single mothers is different from that of other women. Single mothers have higher uninsured rates than women in most other family living arrangements. They also have lower rates of job-based coverage, the most common type of insurance among nonelderly adults (Exhibit 1).

Twenty-eight percent of single mothers in California are uninsured, substantially higher than the rate (19%) for married mothers.

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Exhibit 1: Health Insurance Coverage by Family Structure, Women Ages 19-64, California, 1998-1999

Source: Average of March 1999 and 2000 Current Population Surveys



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

¹ In 1999, the federal poverty threshold was \$11,214 for a family of two and \$17,029 for a family of four.

Single mothers have low job-based coverage rates despite high rates of participation in the labor market—78% are working. Four in 10 (41%) single mothers have job-based coverage, a rate significantly lower than that for married mothers (68%). Single mothers' lower rate of job-based coverage is partly attributable to their limited access to job-based *dependent* coverage (also called family coverage). Many women in the state rely on dependent coverage through a spouse to offset their own lack of insurance or lack of stable coverage. Yet, just 5% of single mothers have job-based coverage as a dependent compared to 40% of married mothers.

Medi-Cal, California's Medicaid program, provides an important source of coverage for many single mothers, preventing an even higher uninsured rate. Nearly three in 10 (29%) are covered by this public source.

Other forms of coverage, including privately purchased, CHAMPUS, VA, military health coverage, and Medicare, combine to play a small role (3%) in insuring single mothers.

Changes in Coverage

Several important changes took place in the coverage of single mothers between 1994-95 and 1998-99.

The percentage of single mothers without health insurance increased from 20% in 1994-95 to 28% in 1998-99. This increased uninsured rate parallels a sharp decline in single mothers' Medi-Cal coverage from 37% in 1994-95 to 29% in 1998-99.

Job-based coverage went from 39% to 41% (not a significant increase), doing little to offset the decline in Medi-Cal.

Age Differences in Coverage

Across age groups, uninsured rates for single mothers are fairly constant, but sources of coverage change, with younger mothers more likely to have Medi-Cal, but older mothers having higher rates of job-based coverage.

Three in 10 single mothers ages 19-24 (28%), 25-34 (30%), and 35-44 (29%) are uninsured, as are one in four (24%) ages 45-64.

Job-based health insurance rates increase with age among single mothers, though they remain well below the rates of married moth-

ers. Single mothers ages 45-64 have the highest job-based coverage rate (49%), but this is significantly lower than the rate for married mothers in this same age group (78%).

Given single mothers' lower rates of job-based insurance, Medi-Cal is an important 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 women in the 35-44 and 45-64 age groups.

Race, Ethnicity, and Coverage

Across racial/ethnic groups, single mothers have lower rates of job-based coverage than the state averages for each group.²

Asian American and Pacific Islander (AAPI). Six percent of the 1.38 million Asian-American and Pacific Islander women ages 19-64 in California are single mothers. Thirty-three percent of these single mothers are uninsured, and just 44% have job-based coverage. However, there may be some variations across individual AAPI groups.

African American. There are approximately 644,000 African-American women ages 19-64 in California, and approximately one-fourth (24%) are single mothers. More than one-fifth (22%) of African-American single mothers are uninsured, another 41% are covered by job-based insurance and more than one-third (36%) by Medi-Cal.

Latino. California's Latino population includes 2.8 million women ages 19-64, 16% of whom are single mothers. Nearly four in 10 (38%) Latino single mothers are uninsured, and 24% have employer-sponsored health insurance. Medi-Cal covers 36% of Latino single mothers.

White. Eight percent of the approximately 5.47 million non-Latino white women ages 19-64 in California are single mothers. About one in five (22%) white single mothers is uninsured, and 54% have job-based coverage. Medi-Cal covers approximately one in five (21%) of white single mothers.

² Sample sizes were too small to report information for individual AAPI groups or for American Indian and Alaska Native women.

The percentage of single mothers without health insurance increased from 20% in 1994-95 to 28% in 1998-99.

Poverty and Coverage

The vast majority of *uninsured* single mothers are poor or near-poor, limiting the resources they have to pay for medical expenses. Forty-four percent have family incomes below poverty, and another 36% have incomes 100%-249% of poverty. Altogether, 80% of uninsured single mothers have family incomes below 250% of the poverty level (Exhibit 2).

Work Status and Coverage

The majority of single mothers are employed. Four in 10 work full time throughout the year, an additional 32% are employed either part time or part year, and a small proportion (3%) are self-employed. One in five (22%) is not in the labor market.

Despite their high rates of labor force participation, many do not receive health insurance coverage through employment. Among *uninsured* single mothers, 72% are employed, including more than one-third who work full time for the full year.

Working full time throughout the year provides the best opportunity for job-based coverage for single mothers (65%), yet 23% remain uninsured. Job-based coverage rates are much lower for single mothers who work either part time (29%) or for part of the year (37%); Medi-Cal compensates for these lower rates by covering 29% and 46%, respectively.

In each employment category (full-time, full-year, part-time, and part-year), working single mothers' job-based coverage rates are lower than the state averages for all women in the same category (Exhibit 3).

Conclusions and Policy Implications

Single mothers share multiple barriers to securing health insurance coverage, including their more limited financial resources and restricted options for securing dependent or privately purchased coverage. 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 single mothers rely on Medi-Cal for health coverage. Their Medi-Cal coverage declined from 1994-95 to 1998-99, going from 37% to 29%; their uninsured rate also increased dur-

ing this period.

These changes in Medi-Cal coverage (Medicaid nationally) are attributable to several factors. The complex federal reforms that delinked Medicaid and cash assistance created confusion over eligibility and transitional coverage options. Furthermore, the federal legislation denied coverage for legal noncitizens with fewer than five years of U.S. residency. Although California did not impose these restrictions, the confusion over policy changes may have acted as a deterrent to applying for coverage.³

A favorable economy and low unemployment rates helped women join the workforce as the labor market expanded in the latter half of the 1990s. The proportion of employed single mothers increased from 1994-95 to 1998-99. However, being employed does not guarantee access to job-based health insurance, as illustrated by the high proportion of uninsured single mothers in the labor market.

Since the time the data reported in this Policy Brief were collected, the nation's and California's economies have begun to decline. An Urban Institute monitoring report points out that groups that make gains during times of low unemployment—including single

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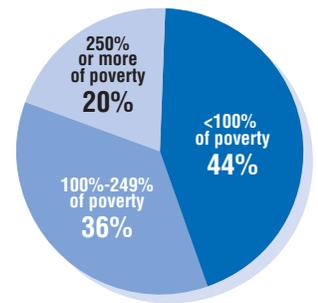


Exhibit 2:
Uninsured Single Mothers by Family Income Relative to the Federal Poverty Level, Ages 19-64, California, 1998-1999

Source: Average of March 1999 and 2000 Current Population Surveys

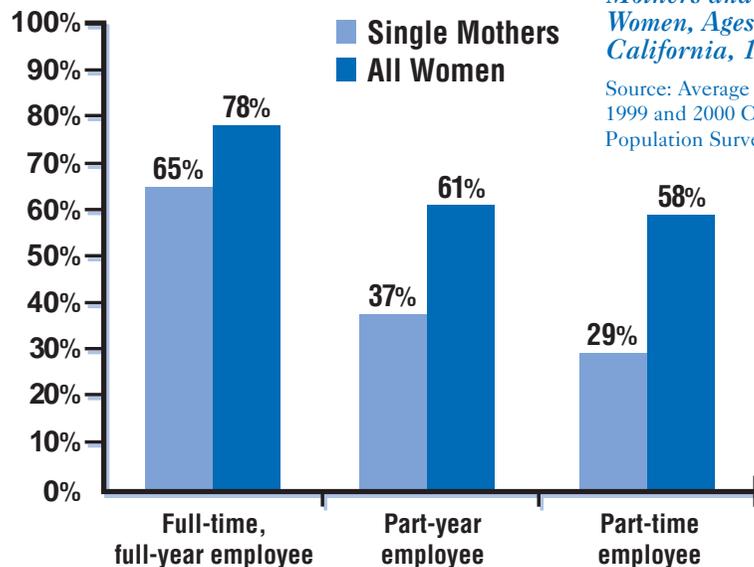


Exhibit 3:
Job-Based Coverage by Women's Work Status, Single Mothers and All Women, Ages 19-64, California, 1998-1999

Source: Average of March 1999 and 2000 Current Population Surveys

³ Ellwood M. "The Medicaid Eligibility Maze: Coverage Expands, But Enrollment Problems Persist. Findings from a Five State Study." The Henry J. Kaiser Family Foundation, Menlo Park, CA: September 1999.

mothers—may be adversely affected as unemployment increases.⁴

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.

Single mothers, regardless of income, are often the primary wage earners and sources of health insurance coverage for the family. Many single mothers work less than full time, an employment situation that is less likely to provide coverage. Subsidies for low-wage firms and financial assistance to low-income employees would help to ameliorate the often prohibitive costs of health insurance premiums.

Finally, the services that provide care to the uninsured and those on public programs are an important component 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 solid "safety net" of services is critical to ensure care.

⁴ Lerman RI. "Jobs and Wages Up Sharply for Single Moms, Gains Especially High After Welfare Reform." Single Parents' Earnings Monitor. The Urban Institute, July 25, 2001.

Among uninsured single mothers, 72% are employed, including more than one-third who work full time for the full year.

Data Source

The findings in this Policy Brief are based on analyses of the March 1995, 1996, 1999, and 2000 Current Population Surveys. Estimates of insurance coverage are based on two-year averages reflecting coverage in 1998-1999. Changes in coverage compare 1998-1999 to 1994-1995. All differences in proportions between groups that are reported are statistically significant ($p < .05$) unless otherwise stated.

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