

Women's Health in California: Wide Disparities, Narrow Options

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Highlighting findings from the report, *Women's Health in California: Health Status, Health Behaviors, Health Insurance Coverage and Use of Services Among California Women Ages 18-64*, this fact sheet provides an overview of key issues in women's health, with a particular focus on how health indicators vary among women by family income, race/ethnicity and age group.

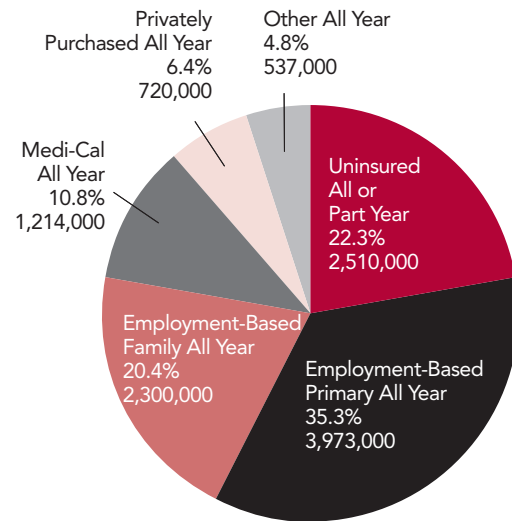
Health Status and Conditions

- Low-income women are three times more likely than non low-income women to report their health as fair or poor (32.3% vs. 10.8%).
- Women of color are more likely than white women to report that they are in fair or poor health (18.1-28.4% vs. 11.7%).
- 20.6% of nonelderly women are obese and 25.5% are overweight. Higher rates of obesity are seen among women who are older, African American, have lower incomes, have not completed high school, and report their health as fair or poor.

Health Behaviors and Activities

- One in three nonelderly women (29.4%) obtains the recommended amount of regular physical activity; 60.2% get some physical activity, but not the recommended level; and one in ten is inactive.
- 12.8% of nonelderly women currently smoke cigarettes—approximately 1.4 million. The proportion of women who smoked in 2005 has decreased since 2001, when 14.9% smoked.
- 12.3% of women report binge drinking (i.e., four or more drinks on one occasion during the past month), including 15.3% of women ages 18-20.

Exhibit 1. Health Insurance Coverage During Past 12 Months, Women Ages 18-64, California, 2005



Notes: Other coverage includes CHAMPUS, VA and Medicare, as well as any combination of insurance sources over the last 12 months during which the person was never uninsured.

Numbers may not add to 100% due to rounding.

The Medi-Cal category includes a small percent of women (<1%) who received Healthy Families all year.

Source: 2005 California Health Interview Survey

Health Insurance Coverage

- 22.3% of nonelderly women—2.5 million—were uninsured for all or part of 2005 (Exhibit 1).
- Approximately four in ten low-income women are uninsured, a rate four times higher than for women with family incomes 300% of the Federal Poverty Level (FPL) and above (9.7%).
- The uninsured rate for Latinas is three times higher than the rate for white women (39.3% vs. 13.4%), and among the Latina ethnic groups examined, well over one-third of Salvadoran, Mexican and Guatemalan women were uninsured.

- Among the Asian ethnic groups examined, Korean women had the highest uninsured rate—38.1% were uninsured for all or part of 2005.
- The majority of uninsured women are low income (62.6%); 29.1% have family incomes below 100% FPL, and 33.5% have family incomes of 100-199% FPL.

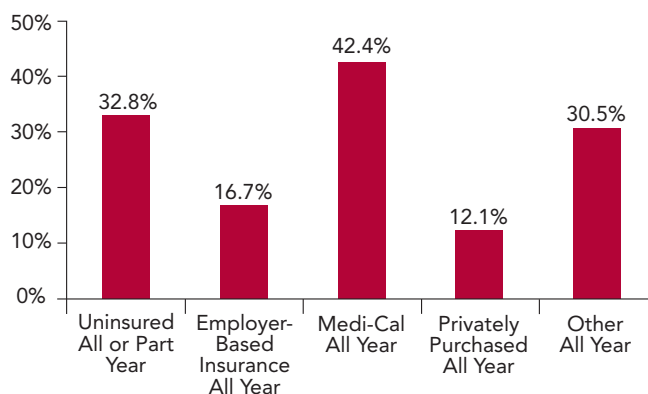
Source of Care and Health Care Use

- One in ten women lacks a usual source of care or “medical home.”
- Safety-net providers serve as a primary source of care for 23.4% of nonelderly women, about 2.6 million.
- One-third of women who are uninsured and four in ten women receiving Medi-Cal rely on safety-net providers—such as community health centers, public hospitals and clinics—as their main source of care (Exhibit 2).
- 85% of nonelderly women have had a Pap test within the past three years. Rates are lowest for women who are younger, Asian/Pacific Islander, lower income, without a usual source of care, and are uninsured or have Medi-Cal or other types of coverage besides employment based.
- 77.4% of women ages 40-64 have had a mammogram within the past two years. Screening rates are lower for women ages 40-49; lower income; Asian/Pacific Islander, Latina, or American Indian/Alaska Native; without a usual place for care; and are uninsured or have Medi-Cal.

Discussion

The findings from the report highlight the considerable variation among California nonelderly women in several key health measures. The disparities in health status and conditions point to the need for targeted outreach in the prevention and detection of chronic diseases. The differences in the practice of health behaviors highlight the importance of proactive policies and programs to equalize access to resources that promote healthy environments. The findings also highlight the important role that safety-net providers play for California women and the importance of their continued support. Nearly one-quarter of women in California are uninsured and problems with access persist for these women. Many of the uninsured have low incomes requiring coverage expansions that are

Exhibit 2. Use of Safety-Net Providers as Usual Source of Care by Health Insurance Status, Women Ages 18-64, California, 2005



Note: The Medi-Cal category includes a small percent of women (<1%) who received Healthy Families all year.

Source: 2005 California Health Interview Survey

affordable for those with limited resources.

Data Source and Information

This fact sheet is based on data from the 2005 and 2001 California Health Interview Surveys. For additional information on the California Health Interview Survey, please visit www.chis.ucla.edu. For more information on the full report, including expanded analysis and definitions of terms and methods, see *Women's Health in California: Health Status, Health Behaviors, Health Insurance Coverage and Use of Services Among California Women Ages 18-64* at www.healthpolicy.ucla.edu.

Funder Information

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