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Author

Wyn, Roberta

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Women's Health Insurance Coverage in California

Roberta Wyn

Health insurance coverage is a critical resource that facilitates access to the health care system and the array of health services women require across their lifespan. This policy brief provides an overview of the health insurance coverage of non-elderly women in California, based on data from the 2003 and 2001 California Health Interview Surveys (CHIS 2003, CHIS 2001).

Sources of Coverage

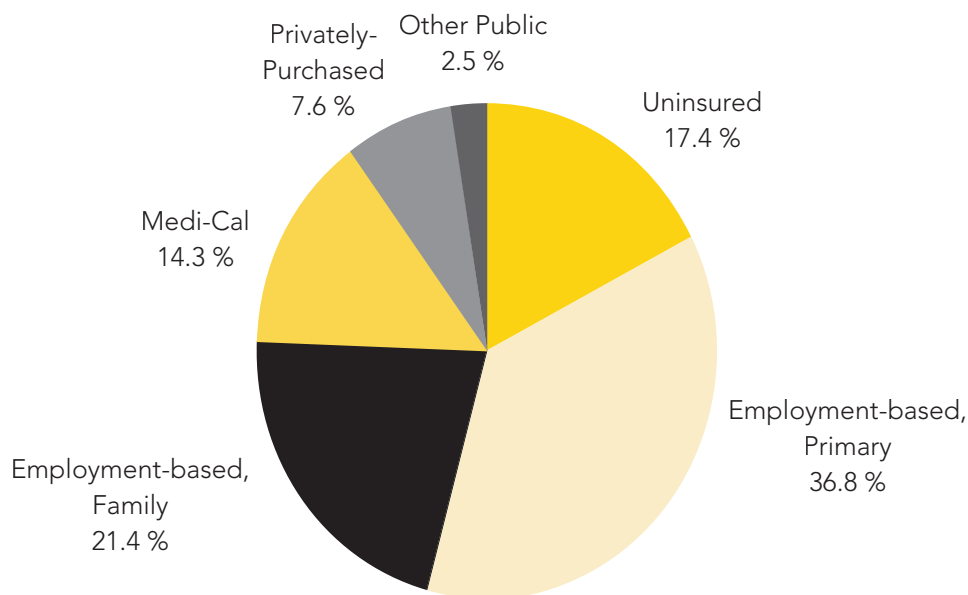
Women obtain their health insurance coverage from a combination of private and public sources (Exhibit 1). Employment-based insurance covers 58.2% of women ages 18-64, with women less likely than men to be covered as the primary policyholder (36.8% vs. 50.5%) and more likely to be insured through family or dependent

coverage (21.4% vs. 9.5%). Individually-purchased private insurance covers an additional 7.6% of women. On the public side, Medi-Cal plays a crucial role and covers 14.3% of non-elderly women in the state. Other government programs, such as Medicare and CHAMPUS/VA, cover 2.5%.

A significant portion of women lack

Exhibit 1

Current Health Insurance Coverage, Women Ages 18 to 64, California, 2003



Source: 2003 California Health Interview Survey

coverage. Nearly 1.9 million women ages 18-64 (17.4%) were uninsured at the time of the CHIS 2003 survey. Seven in 10 uninsured women (69.5%) are low income; that is, they have family incomes below 200% of the federal poverty level (FPL), and slightly over one-half are working either full- or part-time (data not shown).

Past Year Uninsurance

In addition to the 17.4% of women uninsured at the time of the survey (i.e., the “currently uninsured”), an additional 7.1% of women were insured at the time of the survey, but

uninsured at some point in the 12 months prior.

Therefore, over a 12-month period, one-quarter of non-elderly California women were either uninsured when interviewed or experienced a period of being uninsured at some point in the previous year.

Variation in Coverage Rates

Exhibit 2 shows how women’s health insurance coverage and uninsured rates vary by age, race/ethnicity, family income, family structure and health status.

Exhibit 2

Current Health Insurance Coverage by Selected Demographic Factors and Health Status, Women Ages 18 to 64, California, 2003

	Uninsured	Medi-Cal	Employment-Based Coverage	Privately-Purchased	Other Public
Age Group					
18-29	23.1%	20.5%	45.3%	7.7%	3.5%
30-44	17.3%	14.0%	60.4%	6.8%	1.6%
45-64	13.4%	10.2%	65.2%	8.5%	2.7%
Race/ethnicity					
African American	10.2%	23.7%	59.2%	3.4%	3.4%
American Indian/Alaska Native	20.5%	25.5%	46.0%	*	*
Asian American/Pacific Islander	14.8%	11.8%	61.6%	10.1%	1.8%
Latina	34.0%	24.6%	35.7%	2.9%	3.0%
White	9.1%	7.4%	70.8%	10.5%	2.3%
Other Single/Multiple Race	22.6%	14.8%	53.2%	6.8%	2.6%
Family Income (Percent of FPL)					
0-99% FPL	35.4%	44.7%	14.2%	2.7%	3.0%
100-199% FPL	31.0%	24.2%	34.8%	5.7%	4.4%
200-299% FPL	18.7%	9.3%	60.7%	8.9%	2.5%
300% FPL and Over	5.6%	1.3%	81.7%	9.8%	1.6%
Family Structure					
Single, no Children	21.3%	12.6%	52.8%	9.6%	3.7%
Single, with Children	21.2%	36.9%	36.3%	4.2%	1.5%
Married, no Children	10.5%	4.9%	73.9%	8.2%	2.5%
Married, with Children	16.9%	14.2%	60.5%	6.7%	1.7%
Health Status					
Excellent/Very Good/Good	15.0%	10.5%	64.1%	8.6%	1.7%
Fair/Poor	27.1%	30.1%	33.5%	3.6%	5.7%

Source: 2003 California Health Interview Survey

*Estimate based on sample size too small to report.

Note: Rows may not total 100% due to rounding

Note: FPL= Federal Poverty Level, which was \$14,680 for a family of three in 2003.

Younger women (ages 18-29) have the highest uninsured rate (23.1%) and also the lowest rate of employment-based coverage (45.3%). All racial/ethnic groups, with the exception of African American women, have significantly higher uninsured rates than white women, and all groups have lower employment-based coverage rates.

Even though Medi-Cal plays a crucial role, many low-income women remain uninsured. Approximately one-third of poor (0-99% FPL) and near-poor (100-199% FPL) women are uninsured. Patterns of insurance coverage vary for women by their marital and parental status. Uninsured rates are higher for single women, both with and without children, and lowest for married women with no children. And, one in three women who report fair or poor health is uninsured (27.1%), a rate almost twice as high as women in better health (15%).

Changes in Health Insurance Coverage from 2001 to 2003

Exhibit 3 displays the changes in women's health insurance coverage between 2001 and 2003. During this two-year period, the proportion of women with employment-based coverage went from 60.3% in 2001 to 58.2% in 2003. This change was attributable to the drop in family coverage (that is, coverage through a family member's employment). The proportion of women covered through family coverage went from 25.7% in 2001 to 21.4% in 2003. In contrast, primary employment-based coverage (that is, coverage through one's own employment) increased during this period for women, going from 34.5% in 2001 to 36.8% in 2003. This increase was not enough to offset the decline in family coverage, however, and overall rates of employment-based coverage for women thus decreased. Further, the percent of women with "other" public coverage increased from 1.5% to 2.5% during this period. There were no statistically significant changes for any of the other coverage status groups.

Changes in Health Insurance Coverage, Women Ages 18 to 64, 2001 and 2003, California

Exhibit 3

	2001	2003	p-value
Coverage Status			
Uninsured	17.7%	17.4%	NS
Medi-Cal	13.5%	14.3%	NS
Employment-Based Coverage	60.3%	58.2%	<.001
Primary Coverage	34.5%	36.8%	<.001
Family Coverage	25.7%	21.4%	<.0001
Privately Purchased	7.0%	7.6%	NS
Other Public Coverage	1.5%	2.5%	<.0001

NS: The difference between the estimates for 2001 and 2003 not statistically significant.

Source: 2001 and 2003 California Health Interview Surveys

The decrease in employment-based coverage was particularly notable for women with family incomes at 100-199% FPL and also those at 200-299% FPL (Exhibit 4). The proportion of women covered by employment-based coverage went from 41.6% to 34.8%, a drop of 6.8 percentage points for women in low-income families (100-199% FPL). A decrease was also seen among women at 200-299% FPL, whose employment-based coverage decreased from 65.4% in 2001 to 60.7% in 2003. The changes for the other two income groups were not statistically significant.

Changes in Employment-based Coverage by Federal Poverty Level, Women Ages 18 to 64, 2001 and 2003, California

Exhibit 4

	2001	2003	p-value
Family Income (Percent of FPL)			
0-99%	16.6%	14.2%	NS
100-199%	41.6%	34.8%	<.0001
200-299%	65.4%	60.7%	<.01
300% and over	82.9%	81.7%	NS

NS: The difference between the estimates for 2001 and 2003 not statistically significant.

Source: 2001 and 2003 California Health Interview Surveys

Note: FPL= Federal Poverty Level, which was \$14,680 for a family of three in 2003.

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Editor-in-Chief: E. Richard Brown PhD

Phone: 310-794-0909
Fax: 310-794-2686
Email: chpr@ucla.edu
Website: www.healthpolicy.ucla.edu

Policy Implications

These findings highlight the importance of the need for equitable solutions to the persistent problem of lack of health insurance coverage for women. Non-elderly women's overall uninsured rate of 17.4% tells only part of the story. The variation in uninsured rates among subgroups of women—27.1% of women in fair or poor health, 34% of Latinas, 35.4% of women living in poverty—underscores the importance of solutions that consider the limited resources of many of California's uninsured women. The decline in employment-based family coverage between 2001 and 2003 is of particular concern for women. However, there may be some marginal improvement in overall employment-based coverage rates. A recent preliminary study of health insurance coverage of adults in California (not specifically women) showed a slight increase in employment-based coverage rates for 2005.¹

There is an array of coverage expansion options. Some consider incremental changes, such as employment-based coverage expansions, and others propose more broad-based solutions, such as single-payer health care systems. And already approved, but not yet funded, is Healthy Families expansion to include eligible parents of children enrolled in the program.

The importance of coverage and access to health care underscores the urgency of continued efforts on all fronts to expand health insurance coverage and health care access to California women—and all Californians. The persistence and consequences of lack of coverage require bold solutions to this problem.

Data Source

This policy brief is based on data from the 2001 and 2003 California Health Interview Surveys. The estimates for CHIS 2001 may be slightly different from previously published estimates because of reweighting of the CHIS 2001 to better reflect the population of California. The analysis includes women ages 18-64 and for 2003 is based on a sample of approximately 19,000 women. For additional information on the California Health Interview Survey, please visit www.chis.ucla.edu.

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Author Information

Roberta Wyn, PhD, is an Associate Director of the UCLA Center for Health Policy Research.

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Note

¹ Yoon J, Brown ER, Lavarreda SA, Glenn S. One in Five Californians Were Uninsured in 2005 Despite Modest Gains in Coverage, Health Policy Research Brief, Los Angeles: UCLA Center for Health Policy Research, October 2006.