ISSUE BRIEF
AN UPDATE ON WOMEN'S HEALTH POLICY
THE HENRY J. KAISER FAMILY FOUNDATION
March 2004

Health Coverage and Access Challenges for Low-Income Women
Findings from the 2001 Kaiser Women's Health Survey

Gaining access to health care services can be a challenge for many low-income women. They have lower health insurance coverage rates, less stable coverage, and face more barriers to health care services than higher-income women. The impact of limited access can be especially troublesome for low-income women who typically experience more health problems than women with higher incomes.

This issue brief examines low-income women's health insurance coverage, experience with health plans and providers, and access to care. This analysis is based on data from the *2001 Kaiser Women's Health Survey*, a nationally representative survey of nearly 4,000 women between the ages of 18 and 64.

Profile of low-income women

Approximately one-third (35%) of nonelderly (ages 18 to 64) women are in low-income families, defined as families with incomes below 200% of poverty ($28,510 for a family of three in 2001).[1] Compared to those with higher incomes, low-income women are younger, more educationally disadvantaged, and more likely to be in family situations with fewer options to generate resources - all factors that affect access to coverage and health care (Figure 1). Low-income women are also more likely to be raising children, and thus have to manage health care concerns and finance costs for their children.

Health status of low-income women

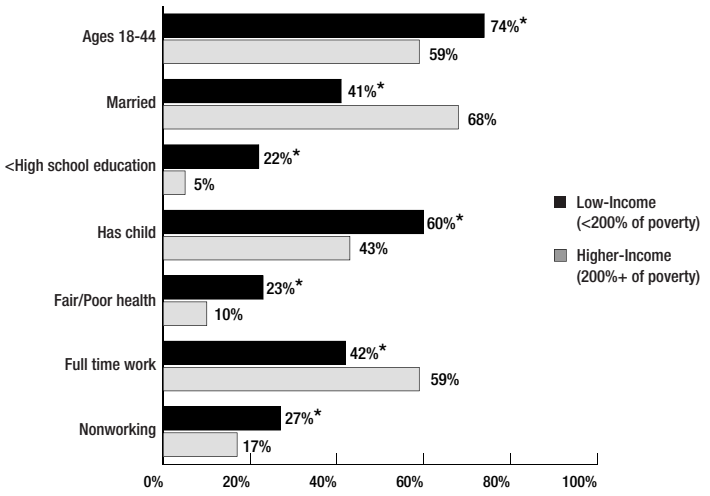
The importance of health coverage and access to care for low-income women is reinforced by their poorer health status.

- Low-income women are twice as likely as higher income women to report being in fair or poor health (Figure 1).
- Among middle-aged women (ages 45 to 64), low-income women have consistently higher rates of chronic health conditions that have been diagnosed by their physicians in the past five years (Figure 2).

Health insurance coverage and types of coverage

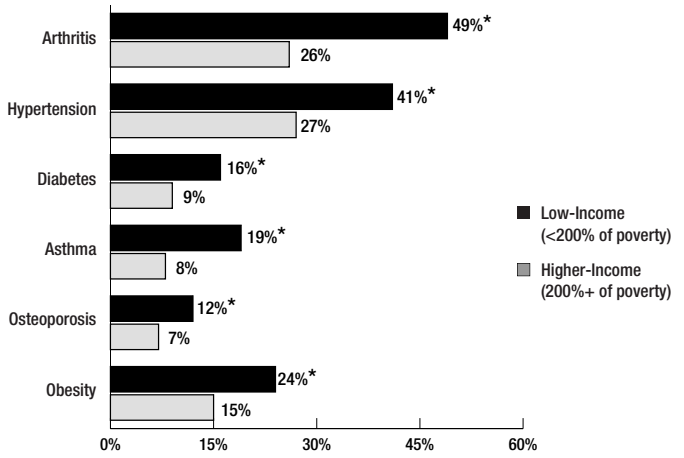
Low-income women often don't have the financial resources needed to participate in the health insurance system and are more likely to lack coverage or have less stable coverage than higher income women.

FIGURE 1
Selected Characteristics of Women Ages 18 to 64, 2001



Note: The federal poverty level was $14,255 for a family of three in 2001.
*Significantly different from higher-income women at p<.05.
Source: Henry J. Kaiser Family Foundation, *Kaiser Women's Health Survey*, 2001.

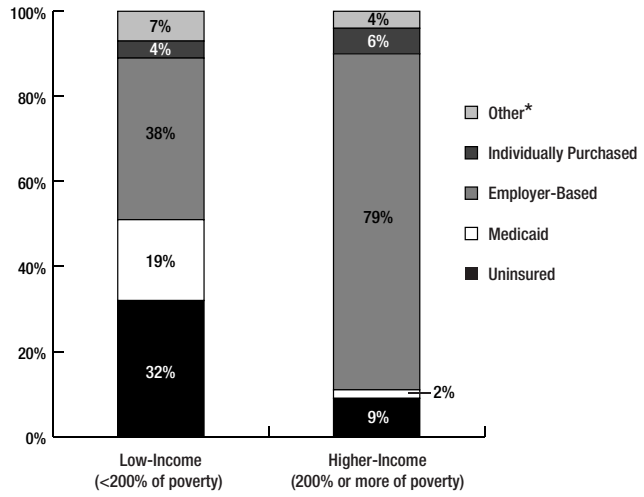
FIGURE 2
Health Status of Women Ages 45 to 64, 2001



Note: The federal poverty level was $14,255 for a family of three in 2001.
*Significantly different from higher-income women at p<.05.
Source: Henry J. Kaiser Family Foundation, *Kaiser Women's Health Survey*, 2001.

FIGURE 3

Health Insurance Coverage of Women, by Income Level



Notes: Includes women ages 18 to 64. *Includes Medicare, other government, and other sources. Uninsured, Medicaid, employer-based, and individually purchased coverage levels are significantly different between low-income and higher-income groups.
The federal poverty level was $14,255 for a family of three in 2001.
Source: Henry J. Kaiser Family Foundation, *Kaiser Women's Health Survey*, 2001.

- One-third of low-income women lack health insurance coverage, 3.5 times the rate of higher-income women (9%) (Figure 3).

- Differences in employment-based coverage rates account for a large part of the disparity in coverage between lower- and higher-income women, with low-income women half as likely to have this coverage source (38% vs. 79%).

- Public insurance through the Medicaid program covers one in five (19%) low-income women. Women are more likely than men to be low-income and to meet several of Medicaid's other eligibility criteria, including caring for dependent children or pregnancy. Many states set Medicaid income thresholds below 100% of poverty for the general population, but have expanded coverage for working parents and pregnant women. Medicaid is a particularly important source of coverage for poor women (family incomes <100% of poverty), covering one-third (34%).

- Over 4 in 10 low-income women were uninsured at least some period in the past year, with just 55% continuously insured during the past year, compared to 84% of higher income women (Figure 4).

Satisfaction with health plans

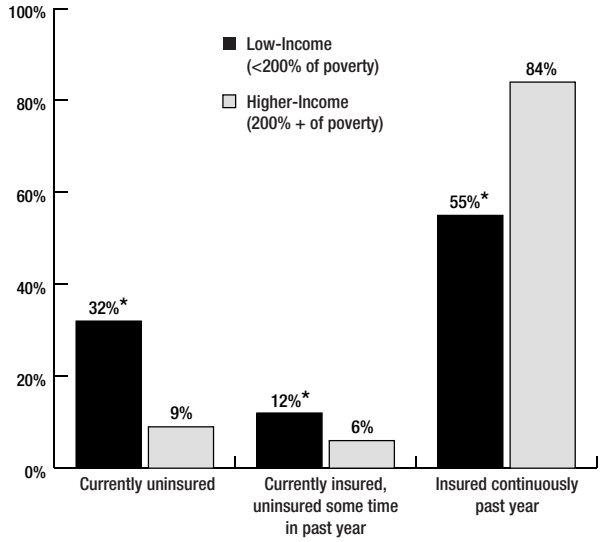
Along several dimensions, low-income women with coverage are less satisfied with their health plans than higher-income women (Figure 5).

- Approximately one in five low-income women gave their health plan a low rating on the number of benefits it offered, its ease of use, and the number and quality of physicians in the plan.

- One in four low-income women are dissatisfied with the out-of-pocket costs associated with medical visits, with privately insured women less satisfied than women on Medicaid. Private plans may impose heavy cost-sharing requirements while under Medicaid, cost-sharing is nominal or prohibited.

FIGURE 4

Stability of Coverage in Past 12 Months



Notes: Includes women ages 18 to 64.
* Significantly different from higher-income women at p<.05.
The federal poverty level was $14,255 for a family of three in 2001.
Source: Henry J. Kaiser Family Foundation, *Kaiser Women's Health Survey,* 2001.

- Low-income women on Medicaid are particularly dissatisfied with the number and quality of physicians available to them. One-third rated this plan feature as fair or poor, twice the rate of their counterparts with private coverage. This could be due, in large part, to longstanding problems with physician participation in Medicaid.

FIGURE 5

Women's Satisfaction With Their Health Plans

	Low-Income Women (<200% of poverty)			Higher Income Women (200%+ of poverty)
Percent giving health plan a fair/poor rating:	**Privately Insured**	**Medicaid**	**Total**	**Total**
Number of benefits it offers	17%	22%	19%*	13%
Ease of use	16%	23%	19%*	12%
Number and quality of MDs in plan	15%	31%*	21%*	12%
Out-of-pocket costs for MD visits	29%	17%*	26%	22%

Notes: Includes women ages 18 to 64 with insurance.
*Significantly different from reference groups (higher-income women; privately insured) at p<.05.
The federal poverty level was $14,255 for a family of three in 2001.
Source: Henry J. Kaiser Family Foundation, *Kaiser Women's Health Survey*, 2001.

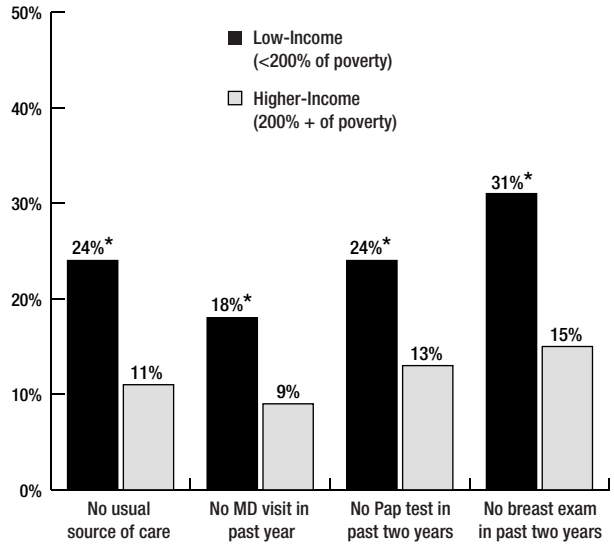
Access to care challenges

Across different measures of access to care, low-income women fare worse than higher income women, whether it is connection to the health care system, obtaining general physician visits, or using preventive services (Figure 6).

- Low-income women are twice as likely as higher income women to lack a usual source of care, to not have seen a physician in the past year, and to lack timely Pap tests or clinical breast exams.

FIGURE 6

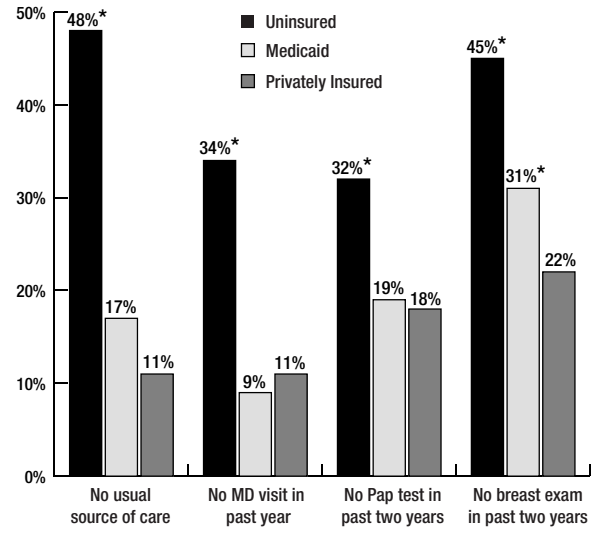
Access Barriers Experienced by Women, by Income Level



Note: Includes women ages 18 to 64.
* Significantly different from higher-income women at p< .05.
The federal poverty level was $14,255 for a family of three in 2001.
Source: Henry J. Kaiser Family Foundation, *Kaiser Women's Health Survey*, 2001.

FIGURE 7

Access Barriers Experienced by Low-Income Women, by Insurance Status



Notes: Includes women ages 18 to 64 with incomes below 200% of poverty.
* Significantly different from privately insured at p< .05.
The federal poverty level was $14,255 for a family of three in 2001.
Source: Henry J. Kaiser Family Foundation, *Kaiser Women's Health Survey*, 2001.

Having insurance alleviates some of the barriers to care low-income women face (Figure 7).

- One-half (48%) of low-income, uninsured women lack a usual source of care, 3 to 4 times higher than the rate for those with either private or public coverage.
- Uninsured, low-income women are also much less likely to have seen a doctor in the past year, compared to those with private insurance or Medicaid.
- Lacking coverage affects low-income women's use of preventive services, with one-third without a pap test and nearly one-half without a clinical breast examination in the past two years.
- In most cases, low-income women with Medicaid have similar levels of use as those with private insurance.

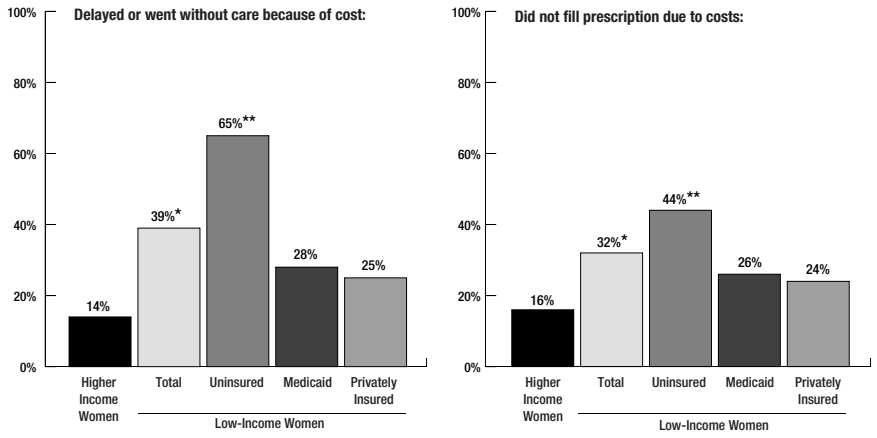
Affordability concerns

One of the greatest challenges facing low-income women is the affordability of care. Four in 10 low-income women delayed or went without care in the past year due to costs (Figure 8), nearly three times the rate of higher-income women (14%). Uninsured, low-income women were most likely to experience affordability problems (65%), but even those with coverage felt the effects of costs.

- Costs also interfered with obtaining prescription drugs. One-third of low-income women reported they did not fill a prescription because they could not afford to, and again uninsured women faced the most serious cost barriers to prescriptions (44%) (Figure 8). Even insured, low-income women experienced cost problems, reflecting the difficulty that persons with limited incomes have affording copays, even those that are modest.

FIGURE 8

Health Care Affordability Barriers Experienced by Women, by Income Level and Insurance Status



Notes: Includes women ages 18 to 64.
* Significantly different from higher income-women at p< .05.
** Significantly different from Medicaid and Privately insured at p< .05.
The federal poverty level was $14,255 for a family of three in 2001.
Source: Henry J. Kaiser Family Foundation, *Kaiser Women's Health Survey*, 2001.

- In addition to cost, low-income women are more likely than higher-income women to report that lack of insurance, transportation problems, and lack of childcare also contribute to delays in obtaining care.

Implications and Conclusions

The findings from this survey demonstrate that despite their higher rates of illness, many low-income women have a tenuous connection to health coverage and to the health care system. In particular, cost barriers constantly create difficulties accessing care for low-income women.

Having insurance coverage facilitates access to care, however, low-income women are three times as likely to be uninsured as higher income women. This is due in large part to limited access to employer-based insurance. Low-income women are more likely to work in part-time or low-wage jobs with few benefits such as health insurance. These limits on the availability of insurance through the workplace combined with fewer economic resources create considerable challenges to affording health care services.

But even privately insured low-income women face cost concerns. Minimal or moderate out-of-pocket costs erode already limited resources. Many women are faced with choices between paying for health care services or paying for basic necessities such as food or shelter.

For low-income women, the benefits of public health coverage through the Medicaid program are enormous, with improved access and reduced delays in care. However, the Medicaid program has struggled with low provider participation, which could worsen as many states consider reducing provider payments in light of budget deficits.

Low-income women also have poorer experiences with the health care system, reporting higher rates of dissatisfaction, lower use of preventive services, and limited access to primary care. Medicaid provider reductions could lower satisfaction levels as well. Access for low-income women is also complicated by problems obtaining childcare and transportation.

Since this survey was conducted in 2001, the economic climate in the nation has changed dramatically. These changes have considerable implications for low-income women's access to care. States across the nation are facing unprecedented budget shortfalls and have made cutbacks to health programs in order to balance their budgets. Because low-income women rely so heavily on public programs, reductions to eligibility, benefit, and payment levels to providers in state Medicaid programs disproportionately affect low-income women.

Over the last three years, all states implemented some form of Medicaid cost containment, and one-third of states have reduced Medicaid eligibility as a way to curb Medicaid spending.[2] Some of these eligibility reductions have been directed at working parents, a key eligibility pathway for many low-income women.

In the private sector, health costs have again begun to rise rapidly, especially for family coverage.[3] Recent double-digit increases in health care premiums may serve to further erode their access to coverage in the private health insurance market, with premiums now exceeding $9,000 on average for family coverage.[4] In addition to higher premium costs, many employers are expected to increase cost sharing, deductibles, or copays, which can also have a detrimental effect on low-income women's ability to afford basic care, even when they have coverage.

Low-income women's poor access to health care affects multiple dimensions of their lives, jeopardizing their ability to care for their families and meet their work responsibilities and thus their chances for financial advancement. Because low-income women face barriers to access on virtually every level of contact with the health care system, policymakers must contend with complex questions when considering how to meet their health care needs.

References

[1] The federal poverty threshold was $14,255 for a family of three in 2001. In the Kaiser Women's Health Survey, 35% of women reported family incomes below 200% of poverty, 52% over 200%, and for 13%, information on family income was not available.
[2] Rowland D. *Medicaid: Issues and Challenges*, Testimony before the Committee on Energy and Commerce, Subcommittee on Health, October 8, 2003, The Kaiser Commission on Medicaid and the Uninsured.
[3] The Kaiser Family Foundation and Health Research and Educational Trust, *Employer Health Benefits: 2003 Summary of Findings*.
[4] Kaiser/HRET, *Employer Health Benefits Annual Survey*, 2003.

This issue brief was prepared by Roberta Wyn, Ph. D. and Victoria Ojeda, Ph.D. of the UCLA Center for Health Policy Research, with Usha Ranji, M.S. and Alina Salganicoff, Ph.D. of the Henry J. Kaiser Family Foundation.

This paper is based on data from the *2001 Kaiser Women's Health Survey*, a national telephone survey of 3,966 women ages 18 to 64 in the United Sates. Full survey methods are available online at www.kff.org/womenshealth.

Additional copies of this publication (#7037) are available on the Kaiser Family Foundation website at www.kff.org.

The Henry J. Kaiser Family Foundation: 2400 Sand Hill Road, Menlo Park, CA 94025 (650) 854-9400 Facsimile: (650) 854-4800
Washington Office: 1330 G Street, NW, Washington, D.C. 20005 (202) 347-5270 Facsimile: (202) 347-5274 **www.kff.org**