

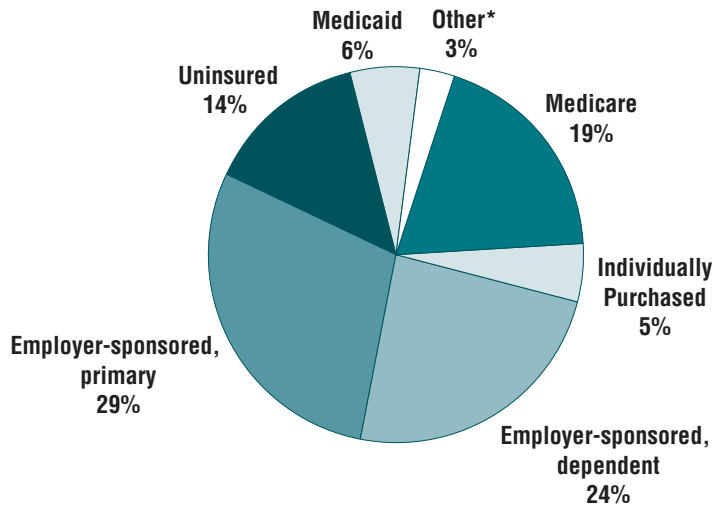
CHAPTER 3: WOMEN AND HEALTH INSURANCE COVERAGE

Although several factors determine whether and how women use health care services, the importance of health coverage as a critical resource in promoting access cannot be overstated. Most women have some form of either public or private insurance coverage, although there is great variation between different forms of coverage in terms of benefits covered, costs, and access to services. Many women, however, do not have insurance. Studies have consistently shown the adverse consequences of being uninsured, including lower receipt of preventive services, delays in seeking treatment for acute illnesses, higher use of emergency room services, higher rates of bankruptcy, and even higher rates of mortality. In fact, the Institute of Medicine estimates that 18,000 deaths per year could be averted if everyone had health insurance.⁴

This section presents women's health insurance and the different coverage patterns among subgroups of women, particularly women of different economic levels and racial/ethnic groups, and looks at which women are at greatest risk for being uninsured. Because nearly all women age 65 and older have Medicare, this section on health coverage focuses on non-elderly women ages 18 to 64.



Exhibit 3a
Health Insurance Coverage of Women, Ages 18 and Older

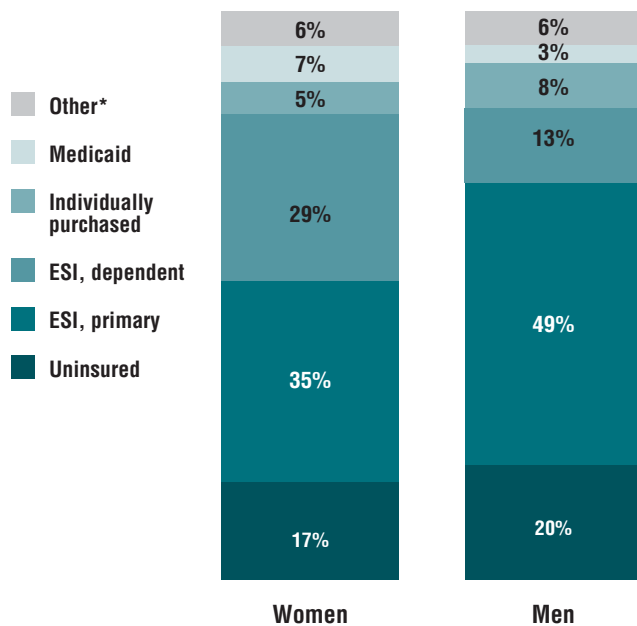


*Other includes CHAMPUS, TRICARE, and unknown insurance.
 Data source: 2004 Kaiser Women's Health Survey, Kaiser Family Foundation.

Most adult women ages 18 and older have some form of either private or public health insurance. The private sector covers most women, typically through employer-sponsored insurance, which covers half (53%) of all adult women. A small share of women (5%) purchase private insurance on their own. In the public sector, Medicare, the federal health coverage program for seniors, covers one in five women—nearly all women 65 and older and a small share of younger women with permanent disabilities. Medicaid, the public program for the poor assists 6% of adult women, mostly all low-income. A small share of women (3%) is covered by some other form of public insurance, such as military coverage through CHAMPUS or TRICARE. Despite the wide array of private and public programs that make up health coverage in the U.S., 14% of all adult women 18 and older are uninsured.

Because Medicare covers nearly all women and men 65 and older, non-elderly adults are more likely to be uninsured and the rest of this section focuses on the under 65 population.

Exhibit 3b
Health Insurance Coverage of Women and Men, Ages 18 to 64

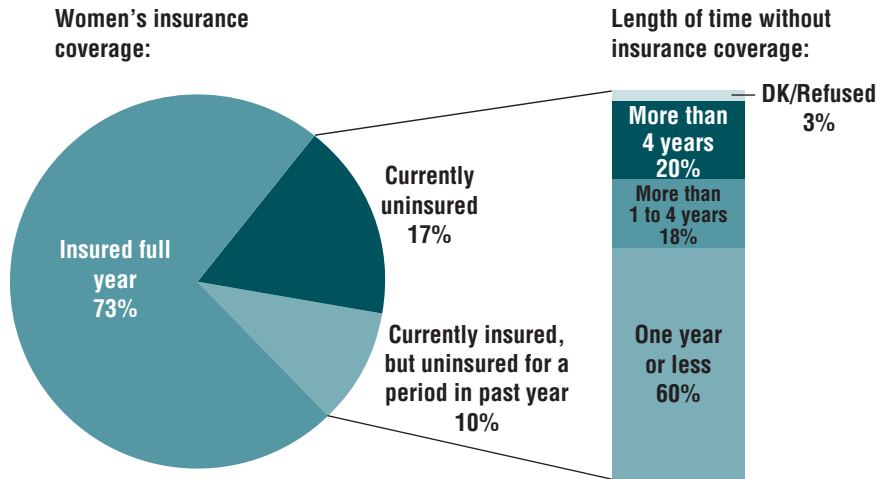


Note: ESI = employer-sponsored insurance.
 *Other includes Medicare, CHAMPUS, TRICARE, and unknown insurance.
 Data source: 2004 Kaiser Women's Health Survey, Kaiser Family Foundation.

There are some key differences in coverage patterns between women and men. Job-based coverage is the primary source of coverage for non-elderly women, with 64 percent covered either through their own employment (35%) or as a dependent through family coverage (29%). While the rates of employer-sponsored insurance (ESI) are similar for men, they are much more likely to have coverage through their own employment (49%), rather than as a dependent (13%). Women are therefore more susceptible to losing coverage when premium costs rise or when employers reduce their contributions for family coverage. Dependent coverage also makes them more vulnerable when they become divorced or widowed.

Medicaid (7%) serves as a vital safety net for low-income women who do not have access to or cannot afford employer-sponsored or individually purchased coverage. Women are more likely than men to qualify for Medicaid because they are disproportionately poorer and thus more likely to meet the program's strict income thresholds as well as categorical eligibility criteria (typically limited to women who are pregnant, mothers, disabled or seniors). Many women on Medicaid do not have access to employer-sponsored insurance and would otherwise be uninsured.

Exhibit 3c
**Duration of Lack of Health Insurance Coverage,
 Women Ages 18 to 64**

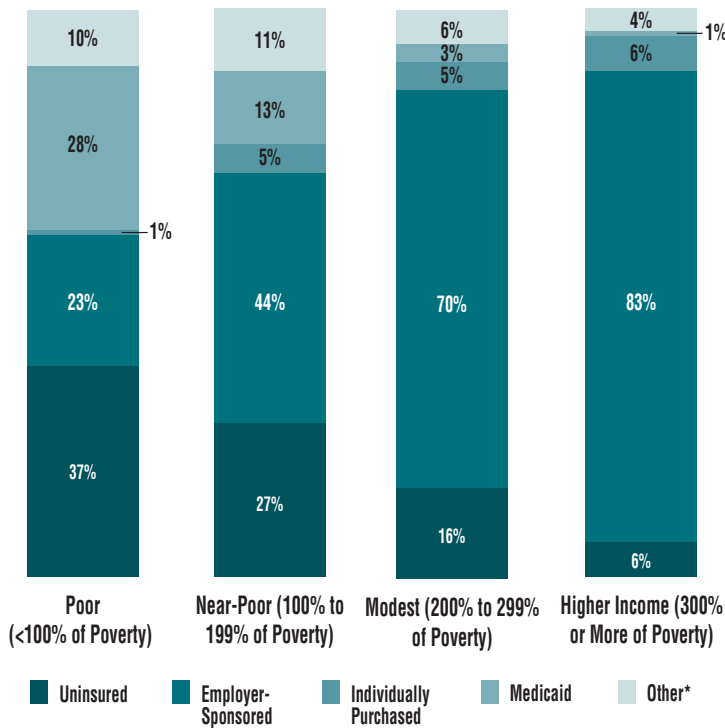


Even among women with insurance, coverage is not always stable. One in 10 women who were covered at the time of the survey were uninsured at some earlier point during the year. Thus, 27% of women were uninsured for some period of time in the past year.

Among the group of women who had a spell of uninsurance during the year, the majority (60%) lacked coverage for a period of one year or less. Gaps in coverage can place women at risk for some of the same problems faced by the chronically uninsured, including delays in treatment and in obtaining preventive care. One in five uninsured women lacked coverage for four or more years.

Data source: 2004 Kaiser Women's Health Survey, Kaiser Family Foundation.

Exhibit 3d
**Health Insurance Coverage,
 by Poverty Level, Women Ages 18 to 64**



Women with the lowest incomes, who often have the poorest health status, are the most likely to be uninsured. More than one-third (37%) of poor women (family incomes below the federal poverty threshold) and 27% of near-poor women (100 to 199% of poverty) are uninsured. Lack of coverage also affects women with modest incomes; 16% of women at 200% to 299% of poverty lack coverage. The contrast in uninsured rates by family income is striking; the uninsured rate for poor women is six times higher than for women with family incomes at or over 300% of poverty.

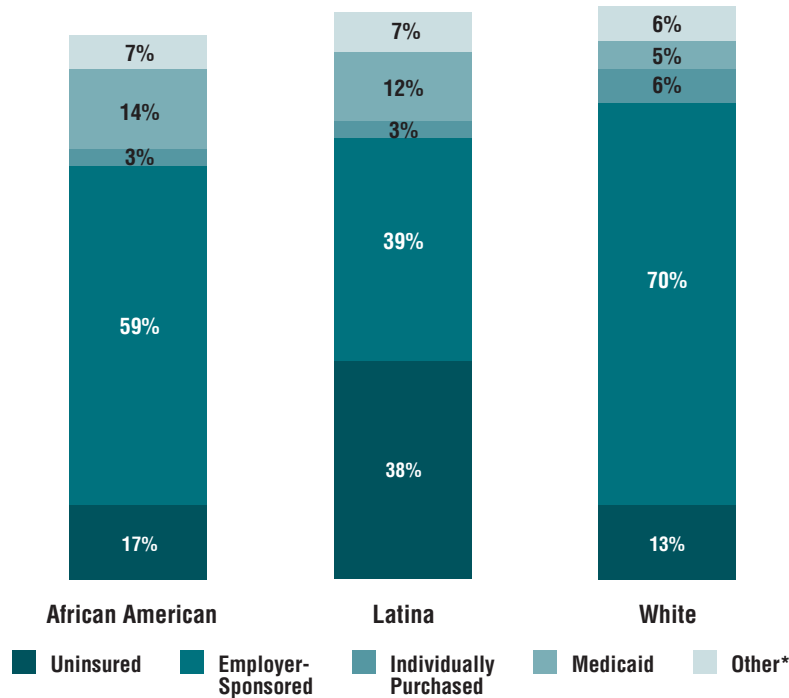
Part of this disparity is due to differences in insurance options among women and the resultant disparities in employer-sponsored coverage. Higher-income women (family incomes at or over 300% of poverty) are 3.5 times as likely to have employment-based coverage as poor women (83% vs. 23%). Medicaid prevents this income-related gap in coverage from being even wider by providing coverage to women with limited incomes, but it covers just under one-third of poor women and a much smaller proportion of near-poor women, still leaving many women with limited resources uninsured. Lack of health insurance compounds the great financial strains that low-income women face in many aspects of their daily lives.

Note: 100% of the federal poverty threshold was \$14,776 for a family of three in 2004.

* Other includes Medicare, CHAMPUS, TRICARE, and unknown insurance.

Data source: 2004 Kaiser Women's Health Survey, Kaiser Family Foundation.

Exhibit 3e
**Health Insurance Coverage,
 by Race/Ethnicity, Women Ages 18 to 64**



* Other includes Medicare, CHAMPUS, TRICARE and unknown coverage.
 Data source: 2004 Kaiser Women's Health Survey, Kaiser Family Foundation.

Latinas (38%) have the highest rate of uninsurance of all groups of women examined by this survey—three times the uninsured rate of white (13%) women. They also have much lower employer-sponsored coverage rates with only 39% covered by this source, compared to 70% of white women. African American (59%) women also have lower employer-sponsored coverage rates and higher rates of Medicaid coverage than white women. Women of color are more likely to work in low-wage jobs and have disproportionately lower incomes. Low-wage workers are less likely to be offered coverage by their employers⁵ and even when they are offered coverage, it is more difficult for them to afford the cost of premiums.

Exhibit 3f
**Uninsured Rate by Selected Characteristics,
 Women Ages 18 to 64**

Characteristic:	Percent Uninsured	Characteristic:	Percent Uninsured
Total	17%	Employment Status	
Age Group		Full-time	10%
18 to 24 years	22%	Part-time	21%
25 to 34 years	21%	Self-employed	26%
35 to 44 years	19%	Not employed	25%
45 to 54 years	13%	Health Status	
55 to 64 years	13%	Excellent/very good/good	16%
Marital Status		Fair/poor	22%
Married	13%		
Living with partner	35%		
Never married	19%		
Divorced, separated, widowed	20%		
Parental Status			
Child under 18 in household	18%		
No child under 18 in household	16%		

Data source: 2004 Kaiser Women's Health Survey, Kaiser Family Foundation.

Women who are young, single, working part-time or unemployed are at the highest risk for being uninsured. This is largely due to their lower incomes and lack of access to employment-based coverage.

Full-time employment status, however, is no guarantee of coverage as one in 10 women who work full-time are uninsured. Access to and affordability of coverage is also a problem for a sizable share of women in poor health, with over one in five (22%) reporting that they are uninsured. These women are disproportionately low-income and may have difficulty working because of their health problems. They also may not be able to afford or qualify for non-group insurance because of their health status.

Exhibit 3g
**Characteristics of Women Ages 18 to 64,
 by Insurance Status**

	Employer-sponsored	Individually purchased	Medicaid	Uninsured
Age Group				
18 to 24 years	11%	14%	25%	17%
25 to 34 years	21%	13%	26%	26%
35 to 44 years	26%	18%	22%	27%
45 to 54 years	26%	28%	11%	17%
55 to 64 years	15%	27%	16%	12%
Race/Ethnicity				
African American	12%	7%	23%	13%
Latina	8%	8%	21%	29%
White	75%	76%	44%	54%
Other*	5%	9%	12%	5%
Poverty Level				
Less than 200% of poverty	19%	24%	87%	64%
200% of poverty and higher	81%	76%	13%	36%
Education				
Less than high school	6%	10%	34%	29%
High school	31%	18%	37%	37%
Post high school	30%	35%	21%	25%
College graduate	34%	37%	9%	10%
Parental Status				
Parent	45%	31%	66%	50%
Non-parent	55%	69%	34%	50%
Employment				
Full-time	60%	21%	23%	28%
Part-time	13%	26%	14%	18%
Self-employed	4%	18%	3%	8%
Not employed	23%	35%	60%	46%
Health Status				
Excellent/very good/good	88%	88%	66%	78%
Fair/poor	12%	12%	34%	22%

Note: 200% of the federal poverty threshold was \$29,552 for a family of three in 2004.

* Other includes Asian, Pacific Islander, American Indian, Alaska Native, people of multiple races, and those who identified themselves as "other."

Data source: 2004 Kaiser Women's Health Survey, Kaiser Family Foundation.

The profiles of women that are covered by different types of insurance are very different from each other. Not surprisingly, women with employer-sponsored insurance have higher incomes, higher education levels and are more likely to work full-time than women with any other forms of coverage.

Women on Medicaid are the poorest; nearly nine in 10 (87%) are low-income, compared to 19% of women with employer-sponsored coverage. They are also the youngest and most likely to have dependent children. Medicaid also is serving the least healthy population, with fully one-third (34%) reporting fair or poor health status, compared to only 12% of women with private coverage.

Uninsured women are also poorer than women who are privately insured. Nearly two-thirds (64%) are low-income and thus have very limited resources to cover medical needs. Uninsured women are also disproportionately younger than privately insured women. The majority are in the younger age groups where there is a high need for reproductive health care. A significant portion is over 45, an age group that experiences onset of many chronic conditions and relies on medical care heavily. Half of uninsured women have dependent children and notably, half (54%) are employed. Many uninsured women also have partners who are employed full-time or part-time, yet they still do not have access to insurance.