# Nearly 2.5 Million Nonelderly California Women Uninsured at Some Time During 2007 

Roberta Wyn and Erin Peckham

Health insurance coverage is a key component of access to the health care system. For women, such coverage facilitates access to the array of services they require across their lifetimes. This brief provides an overview of uninsured women ages 18-64 in California, examining subgroups of women at higher risk of being without coverage and looking at family incomes of uninsured women and at uninsured rates across counties. ${ }^{1}$ The information in the brief is based on data from the 2007 California Health Interview Survey (CHIS 2007).

## Patchwork of Coverage Leaves Many Women Uninsured

Nonelderly women (18-64) residing in California obtain their health insurance coverage through several private and public
options (Exhibit 1). More than half of these women $(56 \%)$ were covered throughout 2007 by employment-based health insurance, the main source of coverage. One-third (34\%) of women had coverage through their own

## Exhibit 1

Health Insurance Coverage During Past 12 Months, Women Ages 18-64, California, 2007


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.
The Medi-Cal category includes a small percent of women $(<1 \%)$ who received Healthy Families all year.
Numbers may not add to $100 \%$ due to rounding.
employment, and $22 \%$ were covered through a family member.

Medi-Cal, the Medicaid program in California, plays an important role for nonelderly women, with approximately one in ten ( $11 \%$ ) having received MediCal for the entire year in 2007.

Individually purchased private insurance covered an additional $6 \%$ of women.

Five percent of nonelderly women had other forms of coverage, such as CHAMPUS, VA or Medicare, or combinations of different types of coverage.

This patchwork of coverage options leaves many women in California with no coverage at all: $21 \%$ (nearly 2.5 million) of nonelderly women in the state were uninsured for all or part of the year in 2007 (Exhibit 1).

## Variations in Uninsured Rates Among Nonelderly Women

While the overall uninsured rate among women ages 18-64 in California was $21 \%$, the proportion of uninsured among different subgroups of women varied significantly, based in large part on whether the women had access to employment-based coverage.

Age
Younger women (18-29) had the highest uninsured rate (Exhibit 2). Three in ten $(31 \%)$ of the women in this group were uninsured for all or part of the year in 2007, a rate more than double that among women ages 55-64 (13\%). This is primarily because younger women had the lowest rate of employment-based coverage throughout the year ( $39 \%$ ), with the rates of employer coverage among the other subgroups ranging from $59 \%$ to $67 \%$ (data not shown). Women ages 30-44 were the subgroup with the second
highest uninsured rate by age group, with slightly more than one-fifth ( $22 \%$ ) of women in this age bracket lacking coverage in 2007.

## Race/Ethnicity

Uninsured rates were higher among women of color than among white women (Exhibit 2). Approximately one-quarter (26\%) of American Indian/Alaska Native women and one-third ( $35 \%$ ) of Latinas were uninsured for all or part of 2007; among both AfricanAmerican and Asian/Pacific Islander women, the rate was approximately one in five ( $18 \%$ and $20 \%$, respectively). In comparison, $13 \%$ of white women were uninsured for all or part of 2007 .

Rates of employment-based coverage were also much lower among women of color: while $67 \%$ of white women (data not shown) had employer-based coverage throughout 2007, the rates were significantly lower among American Indian/Alaska Native women (40\%), Latinas (42\%), AfricanAmerican women ( $51 \%$ ) and Asian/Pacific Islander women ( $60 \%$ ).

## Family Income

Whether or not a woman has coverage varies considerably by family income (Exhibit 2). More than four in ten nonelderly women ( $42 \%$ ) with family incomes below the poverty level (0-99\% Federal Poverty Level [FPL]) were uninsured for all or part of $2007 .^{2}$

Similarly, among women with family incomes just above poverty (100-199\% FPL), $39 \%$ were uninsured. For these low-income women, the uninsured rate was more than five times that for women with family incomes at or above $400 \%$ FPL, only $7 \%$ of whom were uninsured.

Just $14 \%$ of women with family incomes below poverty had employer-based coverage throughout the year. For women with family incomes at 100-199\% FPL, the rate rose to $30 \%$. In contrast, the rate of employer-based

Percent Uninsured All or Part Year by Age Group, Race/Ethnicity and Federal Poverty Level, Women Ages 18-64, California, 2007


Note: The 2007 Federal Poverty Level (FPL) was $\$ 10,787$ for one person, $\$ 13,954$ for a two-person family and $\$ 16,530$ for a three-person family.
*Significantly different from ages 55-64, white and $400 \%$ + FPL categories, $\mathrm{p}<.05$.
Source: 2007 California Health Interview Survey

## Exhibit 3

Family Income as Percent of Federal Poverty Level Among Women Uninsured All or Part Year, Ages 18-64, California, 2007


Note: The 2007 Federal Poverty Level (FPL) was $\$ 10,787$ for one person, $\$ 13,954$ for a two-person family and $\$ 16,530$ for a three-person family
Source: 2007 California Health Interview Survey
coverage among women with family incomes of $400 \%$ FPL and above was $80 \%$ (data not shown).

Similarly, the majority of uninsured nonelderly women have limited family incomes (Exhibit 3). Among women ages 18-64 who were uninsured for all or part of $2007,33 \%$ had family incomes below the Federal Poverty Level, and an additional $31 \%$ had family incomes just above it (100-199\% FPL). Combining these two groups, $64 \%$ of nonelderly uninsured women were low income (that is, their family incomes were below 200\% FPL). An additional $22 \%$ of uninsured nonelderly women were in moderate-income families (200-399\% FPL), and $14 \%$ had family incomes of $400 \%$ FPL and above.

## Family Structure

Uninsured rates also varied by family structure (Exhibit 4). Slightly more than one-quarter of single mothers ( $27 \%$ ) were uninsured for all or part of 2007 , as were $28 \%$ of single women with no children. Married women in general were less likely to be uninsured, and married women without children had the lowest rate of being uninsured ( $12 \%$ ) for all or part of the year. Single mothers had the lowest rate of employment-based coverage throughout the year ( $32 \%$ ), and married women with no children had the highest ( $72 \%$; data not shown).

## Education

There was also considerable variation in coverage by educational attainment (Exhibit 4). Women who had not graduated from high school had the highest uninsured rate, with more than four in ten uninsured ( $42 \%$ ). This was nearly four times the uninsured rate of women with a college degree ( $11 \%$ ). Onequarter of women whose highest educational level was high school lacked coverage ( $25 \%$ ), which was more than twice the rate of women with a college degree. Employment-based coverage rates were much lower for women who had not graduated from high school $(23 \%)$; although the rate was more than double for women with a high school education ( $49 \%$ ), this was still much lower than the rate of employer coverage among women with a college degree ( $75 \%$; data not shown).

Percent Uninsured All or Part Year by Family Structure and Education,
Exhibit 4
Women Ages 18-64, California, 2007

*Significantly different from married with no children and college degree categories, $\mathrm{p}<.05$.
Source: 2007 California Health Interview Survey

## Exhibit 5

Percent Uninsured All or Part Year by County, Women Ages 18-64, California, 2007

| Region or County | \% Uninsured All or Part Year | 95\% Confidence Interval |
| :---: | :---: | :---: |
| Northern and Sierra Counties | 22\% | (19\%-25\%) |
| Butte | 18\% | (11\%-24\%) |
| Del Norte, Siskiyou, Lassen, Trinity, Modoc, Plumas, Sierra | 25\% | (17\%-33\%) |
| Humboldt | 21\% | (12\%-31\%) |
| Lake | 20\% | (14\%-26\%) |
| Mendocino | 19\% | (13\%-26\%) |
| Nevada | 17\% | (12\%-22\%) |
| Shasta | 25\% | (14\%-36\%) |
| Sutter | 24\% | (16\%-31\%) |
| Tehama, Glenn, Colusa | 29\% | (18\%-39\%) |
| Tuolumne, Inyo, Calaveras, Amador, Mariposa, Mono, Alpine | 20\% | (12\%-27\%) |
| Yuba | 28\% | (19\%-36\%) |
| Greater Bay Area | 14\% | (12\%-16\%) |
| Alameda | 12\% | (9\%-16\%) |
| Contra Costa | 14\% | (8\%-19\%) |
| Marin | 20\% | (9\%-30\%) |
| Napa | 19\% | (11\%-27\%) |
| San Francisco | 9\% | (5\%-13\%) |
| San Mateo | *** | ** |
| Santa Clara | 15\% | (9\%-20\%) |
| Solano | 19\% | (9\%-29\%) |
| Sonoma | 19\% | (10\%-27\%) |
| Sacramento Area | 13\% | (10\%-16\%) |
| El Dorado | 20\% | (12\%-29\%) |
| Placer | 12\% | (7\%-17\%) |
| Sacramento | 12\% | (8\%-15\%) |
| Yolo | 19\% | (8\%-30\%) |
| San Joaquin Valley | 24\% | (20\%-27\%) |
| Fresno | 18\% | (11\%-24\%) |
| Kern | 31\% | (23\%-40\%) |
| Kings | 29\% | (19\%-38\%) |
| Madera | 29\% | (21\%-36\%) |
| Merced | 29\% | (20\%-38\%) |
| San Joaquin | 21\% | (13\%-29\%) |
| Stanislaus | 23\% | (13\%-33\%) |
| Tulare | 20\% | (13\%-26\%) |
| Central Coast | 23\% | (18\%-28\%) |
| Monterey | 30\% | (19\%-41\%) |
| San Benito | 24\% | (18\%-31\%) |
| San Luis Obispo | *** | *** |
| Santa Barbara | 19\% | (13\%-25\%) |
| Santa Cruz | 21\% | (9\%-34\%) |
| Ventura | 23\% | (14\%-32\%) |
| Los Angeles | 27\% | (25\%-30\%) |
| Los Angeles | 27\% | (25\%-30\%) |
| Other Southern California | 22\% | (20\%-24\%) |
| Imperial | 30\% | (23\%-37\%) |
| Orange | 22\% | (17\%-26\%) |
| Riverside | 26\% | (20\%-31\%) |
| San Bernardino | 20\% | (16\%-24\%) |
| San Diego | 20\% | (17\%-23\%) |

Notes: The confidence interval (CI) shows the range where the actual value may lie. The $95 \%$ CI means that you can assume with $95 \%$ confidence that the actual value lies between the lower and upper ends of the CI range.
Differences in rates between counties may not be statistically significant.

## Geographic Differences in Uninsured Rates

Exhibit 5 shows the percentages of nonelderly women who were uninsured for all or part of the year in 2007 by individual and combined counties. At the aggregate level, approximately one-fifth to one-quarter of nonelderly women were uninsured for all or part of 2007 in Los Angeles County (27\%), other Southern California counties (22\%), San Joaquin Valley (24\%), Central Coast counties ( $23 \%$ ) and northern and Sierra counties ( $22 \%$ ). In comparison, nonelderly women in the San Francisco Bay area and the Sacramento area had uninsured rates of $14 \%$ and $13 \%$, respectively.

## Discussion

This policy brief is based on data collected from the 2007 California Health Interview Survey (CHIS 2007), at the end of a period of economic growth and prior to the recession that began in 2008. The sharp rise in unemployment that took place between 2007 and 2009 directly affected access to employment-based coverage and thus uninsured rates. A new study measures these effects by adjusting the CHIS 2007 insurance estimates based on changes in the private and public insurance markets between 2007 and 2009. Based on these projections, the authors estimate that the number of uninsured men and women ages 19-64 increased by nearly six percentage points between 2007 and 2009. ${ }^{3}$

The findings in this brief highlight the depth of the inequities that have existed in the health coverage system. The overall uninsured rate of $21 \%$ among nonelderly women in California during 2007 conveys only a portion of the problem. The variation in rates among subgroups of women- $31 \%$ of women ages

18 to $29,42 \%$ of women living below the poverty level, $35 \%$ of Latinas and $42 \%$ of women without a high school educationunderscores the importance of consideration of the particular concerns and resources of those in the uninsured population.

As noted, the majority of uninsured women are low income ( $64 \%$ ) and thus have limited resources to contribute toward insurance premiums or out-of-pocket health care costs. The lack of coverage compounds the financial strains these women already face in their lives.

A recent analysis of the costs of basic necessities and health care in California concluded that low-income families have limited or no resources available to contribute toward either health insurance premiums or out-of-pocket health care costs and would require full subsidies. ${ }^{4}$ As primary users of the health care system, both for themselves and often as the coordinators of care for their families, women have a large stake in the costs of care and in how health care services are financed. Both the variability in health insurance coverage among women and the precarious connections to coverage that many women experience reinforce the urgency of achieving effective and consistent health care reform. The timely implementation of reform efforts will be of utmost importance to California women.

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## Data Source

As noted above, this brief is based on data from the 2007 California Health Interview Survey (CHIS 2007). The California Health Interview Survey is a biennial telephone survey of the California population living in households. Sampling tolerances at the $95 \%$ confidence level were used to calculate statistically significant differences between populations. The determination of adequate sample size for reportable data was based on analysis of the coefficient of variation (CV), using a criterion of 30 . For more information on the California Health Interview Survey, please visit www.chis.ucla.edu.

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## Endnotes

1 This brief covers women ages 18-64, as nearly all women ages 65 and older are covered by Medicare.
2 The 2007 Federal Poverty Level (FPL) was \$10,787 for one person, $\$ 13,954$ for a two-person family and $\$ 16,530$ for a three-person family.
Lavarreda SA, Brown ER, Cabezas L and Roby DH. Number of Uninsured Jumped to More Than Eight Million from 2007 to 2009. Los Angeles, CA: UCLA Center for Health Policy Research, 2010.

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Carroll D, Roby DH, Ross J, Snavely M, Brown ER and Kominski GF. What Does It Take for a Family to Afford to Pay for Health Care? Los Angeles, CA: UCLA Center for Health Policy Research, 2007.

