

## **Seven Reasons Why Health Insurance Coverage is a Mississippi Women's Issue**

### **1. Women are more likely than men to need medical services.**

**Nationally**, women make 58% more visits each year to primary care physicians than do men and are more likely than men to take at least one prescription drug on a daily basis.<sup>i</sup> Women have greater annual health care expenses than men (\$2,453 vs. \$2,316), and a greater proportion of their health care expenses are paid out of pocket (19% vs. 16%).<sup>ii</sup>

**Mississippi** women rank 49th in the country in terms of overall health and well-being. They rank dead last in terms of rates of diabetes and mortality from heart disease.<sup>iii</sup> They have the second highest maternal mortality rate in the country -- and the maternal mortality rate for African American women in the state is almost twice as high as for whites.<sup>iv</sup> Mississippi women fill on average 16.9 prescriptions for medication per year, while Mississippi men fill only 9.7.<sup>v</sup> Women in the state are more likely rate their health as 'fair' or 'poor' than men, 14.9% versus 12.8%. (Both rates are above the national average.) In Mississippi, 39.2% of women, versus only 28.3% of men, report poor mental health.<sup>vi</sup>

### **2. Women are less able than men to be able to afford medical services and supplies.**

**Nationally**, women earn less than men, and are more likely than men to live in poverty. Primarily because of the costs, uninsured women are nearly 20% more likely than uninsured men to have trouble obtaining health care.<sup>vii</sup>

**In Mississippi**, the annual median earnings for men is \$33,100; for women it is \$23,200. This is one of the largest wage gaps between men and women of any state in the country.<sup>viii</sup> Twenty-two percent of Mississippi women (vs. 19% of Mississippi men) earn less than the Federal Poverty Level.<sup>ix</sup> Mississippi women have one of the lowest rates in the nation of health coverage – they rank 43rd in terms of the percentage of women covered by health insurance.<sup>x</sup>

### **3. Women are less likely than men to be offered employment-based health insurance. That is partly because women are more likely than men to work at part-time jobs.**

**Nationally**, women are 15% less likely than men to be offered job-based health insurance.<sup>xi</sup> In part, this reflects the greater likelihood that men work at permanent and full-time jobs. Full-time employees are twice as likely as part-time employees to be offered health insurance. In 2004 only 23% of firms offered health benefits to part-time workers.<sup>xii</sup>

**In Mississippi**, only 39.2% of women workers are offered job-based health insurance, versus 52.2% of men.<sup>xiii</sup> Thirty two percent of part-time (full-year) workers are uninsured, while only 14.7% of full-time workers lack health insurance,<sup>xiv</sup> and women make up 63.3% of the part-time work force.<sup>xv</sup>

### **4. Many women are unable to work at jobs that provide health insurance because of the time they spend providing unpaid care to sick, disabled, very young, and very old family members.**

**Nationally**, the average woman now spends nearly one third of her life fulfilling the caregiving role, leaving the paid labor force for approximately 11 years, as compared to only one year for her male counterpart. The physical and emotional stresses associated with primary responsibility for tending to sick family members have been shown to adversely affect women's health, while the demands of caregiving reduce the likelihood of holding down a full-time job.<sup>xvi</sup>

**Mississippi** has *not* adopted a Temporary Disability Insurance (TDI) program that provides even limited paid family leave.<sup>xvii</sup> It is estimated that there are 300,000 family caregivers in Mississippi,

who provide 287,400,000 hours per year of unpaid care. Mississippi is one of only six states that does not allow any state-administered program to pay family members for providing caregiving services.<sup>xviii</sup> This is particularly harsh for women, who are the majority of the family caregivers.

## 5. Women are vulnerable to losing health care coverage because of changes in marital status.

**Nationally**, women are more than twice as likely as men to receive employer-based health coverage as “dependents” through their spouses (26% vs. 11%). This means that women are particularly vulnerable to changes in their family situations. In fact, divorced women are about twice as likely to lack health insurance as are married women; widows and never married women are far more likely than married women to be uninsured. In addition, because women often are younger than their husbands, 10% of women become uninsured when their husbands retire and enroll in Medicare.<sup>xix</sup>

**In Mississippi**, only 53.4% of married women with private health insurance are covered in their own names, compared to 83.5% of men.<sup>xx</sup> Women are more likely to be widowed or divorced than women in many other states. Of Mississippi women aged fifty and older, 31.9% are widowed, as opposed to 26.1% of women nationally, and as opposed to only 7.2% of Mississippi men. Similarly, 15.3% of Mississippi women over the age of fifty are divorced or separated, versus 13.9% of women nationally.<sup>xxi</sup>

## 6. Women are vulnerable to losing health care coverage because of state and federal budget cuts.

**Nationally**, primarily because of cuts in Medicaid eligibility, the number of uninsured women is growing faster than the number of uninsured men.<sup>xxii</sup>

**In Mississippi**, 14% of women between the ages of 19-64 receive health care through Medicaid. Recent Medicaid ‘cost containment’ measures in Mississippi include eligibility cuts and increased co-pays.<sup>xxiii</sup> These measures present particular hardships to women because women more than men are dependent upon Medicaid for their health care coverage.

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i Salganicoff, Alina and J. Zoe Beckerman et al, *Women’s Health in the United States: Health Coverage and Access to Care*, Kaiser Family Foundation, May 2002. <http://www.kff.org/womenshealth/loader.cfm?url=/commonspot/security/getfile.cfm&PageID=14153>.

ii Lambrew, Jeanne M., *Diagnosing Disparities in Health Insurance for Women: A Prescription for Change*. Commonwealth Fund, August 2001. [http://www.cmwf.org/publications/publications\\_show.htm?doc\\_id=221296](http://www.cmwf.org/publications/publications_show.htm?doc_id=221296).

iii <http://www.iwpr.org/States2004/PDFs/data.pdf>.  
iv MMWR Weekly, June 18, 1999. 48(23); 492-96.

v <http://www.statehealthfacts.kff.org/cgi-bin/healthfacts.cgi?action=profile&area=Mississippi&category=Health+Costs+%26+Budgets&subcategory=Prescription+Drugs&topic=Retail+Rx+Drugs+by+Gender>.

vi [http://www.statehealthfacts.kff.org/cgi-bin/healthfacts.cgi?action=profile&area=Mississippi&category=Women%27s+Health&link\\_category=Health+Status&link\\_subcategory=Mental+Health&link\\_topic=Poor+Mental+Health+by+Gender](http://www.statehealthfacts.kff.org/cgi-bin/healthfacts.cgi?action=profile&area=Mississippi&category=Women%27s+Health&link_category=Health+Status&link_subcategory=Mental+Health&link_topic=Poor+Mental+Health+by+Gender).

vii Lambrew.  
viii <http://www.iwpr.org/States2004/PDFs/data.pdf>.

ix [http://www.statehealthfacts.kff.org/cgi-bin/healthfacts.cgi?action=profile&area=Mississippi&category=Women%27s+Health&link\\_category=Demographics+and+the+Economy&link\\_subcategory=People+in+Poverty&link\\_topic=Adult+Poverty+Rate+by+Gender](http://www.statehealthfacts.kff.org/cgi-bin/healthfacts.cgi?action=profile&area=Mississippi&category=Women%27s+Health&link_category=Demographics+and+the+Economy&link_subcategory=People+in+Poverty&link_topic=Adult+Poverty+Rate+by+Gender).

x National Women’s Law Center, *Making the Grade on Women’s Health: A National and State-by-State Report Card 2004*. <http://www.nwlc.org/pdf/HRC04MD-MS.pdf>.

xi Lambrew.

xii Kaiser Family Foundation, *Employer Health Benefits 2003 Annual Survey*. <http://www.kff.org/insurance/ehbs2003-5-2.cfm>.

xiii Analysis of 2004 Current Population Survey Annual Social and Economic Supplement data.

xiv Costello, Humphrey, *Health Policy Fact Sheet*, Mississippi Health Policy Research Center. <http://www.healthpolicy.msstate.edu/publications/msuninsured.pdf>.

xv Analysis of 2004 Current Population Survey Annual Social and Economic Supplement data.

xvi Hooyman, Nancy R. and Judith Gonyea. *Feminist Perspectives on Family Care: Policies for Gender Justice*. Thousand Oaks, CA: Sage, 1995.

xvii Albelda, Randy. and Manuel, Tiffany. 2000. *Filling the Work and Family Gap: Paid Parental Leave in Massachusetts*. Boston, MA: Labor Resource Center, Univ. of MA. In comparison to Massachusetts, California, Hawaii, New Jersey, New York, and Rhode Island) and Puerto Rico have adopted TDI programs.

xviii Feinberg, Lynn Friss, et.al, *The State of the States in Family Caregiver Support: A 50-State Study*. Family Caregiver Alliance, Nov. 2004. [http://www.caregiver.org/caregiver/jsp/content/pdfs/50\\_state\\_report\\_complete.pdf](http://www.caregiver.org/caregiver/jsp/content/pdfs/50_state_report_complete.pdf).

xix Lambrew.

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<sup>xx</sup> Analysis of 2004 Current Population Survey Annual Social and Economic Supplement data.

<sup>xxi</sup> [http://research.aarp.org/econ/beyond\\_50\\_econ\\_states\\_ms.pdf](http://research.aarp.org/econ/beyond_50_econ_states_ms.pdf).

<sup>xxii</sup> Lambrew.

<sup>xxiii</sup> [http://www.statehealthfacts.kff.org/cgi-](http://www.statehealthfacts.kff.org/cgi-bin/healthfacts.cgi?action=profile&area=Mississippi&category=Health+Costs+%26+Budgets&link_category=Medicaid+%26+SCHIP&link_subcategory=Medicaid+Cost+Containment&link_topic=Medicaid+Cost+Containment+Actions)

[bin/healthfacts.cgi?action=profile&area=Mississippi&category=Health+Costs+%26+Budgets&link\\_category=Medicaid+%26+SCHIP&link\\_subcategory=Medicaid+Cost+Containment&link\\_topic=Medicaid+Cost+Containment+Actions](http://www.statehealthfacts.kff.org/cgi-bin/healthfacts.cgi?action=profile&area=Mississippi&category=Health+Costs+%26+Budgets&link_category=Medicaid+%26+SCHIP&link_subcategory=Medicaid+Cost+Containment&link_topic=Medicaid+Cost+Containment+Actions)

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