

Seven Reasons Why Health Insurance Coverage is a Massachusetts 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.ⁱ 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%).ⁱⁱ

Compared to other women in the country, **Massachusetts women** have especially high rates of AIDS, lung cancer and breast cancer.ⁱⁱⁱ Massachusetts women also report poorer mental health than Massachusetts men – 37% of Massachusetts women say that they experience stress, depression, and problems with emotions.^{iv} And, while Massachusetts men have the 11th lowest death rate in the country, Massachusetts women have only the 18th lowest death rate.^v

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.^{vi}

In Massachusetts, median annual earnings for women are approximately three-quarters of median annual earnings for men.^{vii} Women head 72% of Massachusetts families living below the poverty level.^{viii} Women make up 57% of adult Medicaid enrollees in the state.^{ix}

3. Women are less likely than men to be offered employment-based health insurance.

Nationally, women are 15% less likely than men to be offered job-based health insurance.^x

In Massachusetts, only 44% of women have their own job-based insurance, compared to 59% of men.^{xi} Forty three percent of working-age women are offered health insurance by their employer, compared to 53% of men.^{xii}

4. That is partly because women are more likely than men to work at part-time jobs.

Nationally, 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.^{xiii}

In Massachusetts, 11% of men are employed part-time while 28% of women are employed part-time.^{xiv} Women make up 71% of the part-time work force.^{xv}

5. 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.^{xvi}

Massachusetts has *not* adopted a Temporary Disability Insurance (TDI) program that provides even limited paid family leave.^{xvii} There are approximately 600,000 informal (unpaid) caregivers in Massachusetts who provide an estimated 678,700,000 hours of caregiving hours each year.^{xviii}

6. 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.^{xix}

In Massachusetts, 29% of women have health insurance as “dependents” vs. only 14% of men.^{xx} Of Massachusetts women over the age of fifty, 28% are widowed and 12% are divorced or separated.^{xxi} Among working-age women with group health insurance, 57 % are insured in their own name, compared to 74% of Massachusetts men.^{xxii}

7. 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.^{xxiii}

In Massachusetts, 76% of adult Medicaid (MassHealth) enrollees are women. The total number of non-elder women enrollees in the program dropped from approximately 578,000 to 551,000 in the period between 2002 and 2004. Moreover, during that time the state eliminated dental benefits, coverage for dentures and eyeglasses, coverage for emergency detoxification services, and payment for acute hospital stays of more than twenty days for adults.^{xxiv}

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.

iii Amy Caiazza, *The Status of Women in Massachusetts*, Institute for Women's Policy Research, 2002.

iv Kaiser Family Foundation, *State Health Facts*. http://www.statehealthfacts.org/cgi-bin/healthfacts.cgi?action=profile&area=Massachusetts&category=Women%27s+Health&link_category=Health+Status&link_subcategory=Mental+Health&link_topic=Poor+Mental+Health+by+Gender.
v *State Health Facts*.

vi Lambrew.

vii Caiazza.

viii Na'im, Alyssa and Nancy Wagman, *Real Cuts – Real People – Real Pain: The Effects of the Fiscal Crisis on Women and Girls in Massachusetts*.

Massachusetts Commission on the Status of Women, 2004. <http://www.massbudget.org/Real%20Cuts%20-%20Real%20People%20-%20Real%20Pain.pdf>.

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

x Lambrew.

xi Caiazza.

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

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

xiv Caiazza.

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 Albeda, Randy and Tiffany Manuel. *Filling the Work and Family Gap: Paid Parental Leave in Massachusetts*. Boston: Labor Resource Center, University of Massachusetts, 2000. Please note that California, Hawaii, New Jersey, New York, and Rhode Island 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.

xix Lambrew.

xx Caiazza.

xxi AARP Public Policy Institute, *Beyond 50: A View of Economic Security in the States*. http://research.aarp.org/econ/beyond_50_econ_states_ma.pdf.

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

xxiii Lambrew.

xxiv Kaiser Family Foundation, *Women's Access to Care: A State Level Analysis of Key Health Policies*, June 2003. <http://www.kff.org/womenshealth/3326-index.cfm>. See also Na'im and Wagman.