

Seven Reasons Why Health Care Coverage is an Illinois 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 to take at least one prescription drug on a daily basis. 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%).ⁱ

Illinois women fill on average 14 prescriptions for medication per year, while Illinois men fill only 9. In Illinois, 38% of women (versus only 29% of men) report poor mental health. Last year in Illinois, of the total 1,709,878 hospitalizations, 1,013,193 were women (59%) while 696,685 were men (41%).ⁱⁱ

Illinois women suffer from a number of serious diseases at rates far higher than the national average: Illinois women rank 45th in terms of breast cancer mortality, 31st in mortality from heart disease, 41st in incidence of chlamydia, and 32nd in incidence of AIDS. Reflecting the poor health of Illinois women, the infant mortality rate in Illinois is among the worst in the country at 8.2 per 1000 births (vs. 6.9 per 1000 in the country overall). Not only are Illinois women sicker, but they also are significantly less likely than women nationally to engage in leisure time physical activity or to eat five fruits or vegetables a day.ⁱⁱⁱ

Illinois ranks among the top states in the country for women's reproductive rights, economic autonomy, and political participation, but is at the bottom of the country in terms of women's health and well-being.^{iv}

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.^v

In Illinois, the annual median earnings for full-time, year-round employed men is \$40,900; for women it is \$30,700. This is one of the largest wage gaps between men and women in any state in the country. A full 11% of Illinois women (vs. 8% of Illinois men) live beneath the Federal Poverty Level. African American women in Illinois fare particularly poorly -- nearly 25% of Illinois African American women living below the poverty line.^{vi}

Illinois women are in the bottom half of the country in terms of health coverage -- they rank 29th in terms of the percentage of women covered by health insurance. The National Women's Law Center gives Illinois the grade of "F" in "percentage of women without health insurance."^{vii}

3. Health and health care inequalities among women in Illinois are particularly egregious.

In Illinois, the rate of mortality from heart disease among white women is 207 per 100,000; for African American women it is 292 per 100,000. The average annual incidence of AIDS among white women is 1.6 per 100,000; among African American women it is 26.5 per 100,000. Breast cancer death rates for African American Illinois women are particularly high -- 39.5 per 100,000 African American women. In Cook County, where there is a large concentration of African American residents, the rate of uninsured is 49%, approximately four times the rate in the rest of Illinois.^{viii}

In Illinois, Hispanic women have the lowest rate of health insurance coverage at just under 70%, compared to African American women at 81% and white women at 90%.^{ix}

In Illinois, rural women face particularly severe obstacles to obtaining medical care: Women in Champaign County, for example, are uninsured at higher rates than Champaign County men, or than women in many other parts of Illinois. Rural Illinois women are less likely than other Illinois women to obtain an annual pap smear, among other medical services.^x

4. 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. In part, this reflects the greater likelihood that men work at permanent, full-time jobs. Full-time employees are twice as likely as part-timers to be offered health insurance. In 2004 only 23% of firms offered health benefits to part-time workers^{xi}

In Illinois, As a full time employees women are less likely than men to be offered health insurance: 62.7% for women and 68.1% for men.^{xii}

Illinois has a greater share of part-time employees than the United States average. Almost one out of every five employed workers in Illinois is working part-time. And, Illinois women make up two thirds of the part-time work force: 67% of part-time workers in Illinois are women. And, 80% of women employed as part-time workers are not covered by a plan through a current or former employer.^{xiii}

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.^{xiv}

In Illinois, it is estimated that there are 1.2 million family caregivers who provide 1,278,000,000 hours per year of unpaid care.^{xv}

In Illinois, 33.3% of women are not in the labor force, while for men that rate is only 21.6%.^{xvi}

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' insurance (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.^{xvii}

In Illinois, only 50% of the over-age-fifteen population is married and living with a spouse. (This is slightly below the national average of 51%). In fact, Illinois has one of the highest rates of non-married residents in the country. Statistics for one Illinois county – Lake County – show that separated, divorced and never married individuals are about three times as likely as married people to be uninsured.^{xviii}

In Illinois, women make up 72% of the married individuals covered as a dependent of their spouse's employer. That is, women are three times as likely as men to have health coverage via a spouse.^{xix}

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.^{xx}

In Illinois, 11% of non-elderly women receive health care through Medicaid, and 37% of births are paid for by Medicaid. Recent Medicaid 'cost containment' measures in Illinois include cuts in disease / case management and in pharmacy controls. These measures present particular hardships to women because Illinois women more than Illinois men are dependent upon Medicaid for their health care coverage (607,860 non-elderly women vs. 510,210 non-elderly men). Moreover, 53% of households covered through Medicaid are women-headed families; husband-wife families make up 36% and male-headed families represent only 11%.^{xxi}

In Illinois, African American women -- 22% of whom receive health care coverage through Medicaid -- are particularly vulnerable to federal and state budget cuts.^{xxii}

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- ⁱⁱ Kaiser Family Foundation statehealthfacts.org <http://www.statehealthfacts.org/cgi-bin/healthfacts.cgi?>; Department of Public Health. Hospital Discharge Database Inpatient Interactive Query.
- ⁱⁱⁱ Institute for Women's Policy Research, <http://www.iwpr.org/States2004/PDFs/data.pdf> ; National Women's Law Center, <http://www.nwlc.org/pdf/HRC04GA-IN.pdf>
- ^{iv} Institute for Women's Policy Research, Sept. 2005. <http://www.cfw.org/pages/pdf/StatusofWomeninIllinoisReport.pdf>
- ^v Lambrew.
- ^{vi} Institute for Women's Policy Research; National Women's Law Center; Institute for Women's Policy Research
- ^{vii} 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>.
- ^{viii} Institute for Women's Policy Research; <http://www.ahrq.gov/data/safetyynet/blewtab3.htm>.
- ^{ix} Brett, K and Haynes, S. Women's Health and Mortality Chartbook: State Trends in Health and Mortality, U.S. Department of Health and Human Services, U.S. Center for Disease Control and Prevention, August 2004
- ^x Champaign County Health Care Consumers, *Champaign County – A Community at Risk: Health Care Out of Reach*, March 2001; LaVonne Straub and Paul McNamara, *Rural Illinois Women: Access to HealthCare Services*. Illinois Institute for Rural Affairs, Macomb IL March 2001.
- ^{xi} Lambrew; Kaiser Family Foundation, *Employer Health Benefits 2003 Annual Survey*. <http://www.kff.org/insurance/ehbs2003-5-2.cfm>.
- ^{xii} Current Population Survey. March Supplement 2005.
- ^{xiii} U.S. Department of Labor, Bureau of Labor Statistics. PART-TIME WORKERS IN THE GREAT LAKES STATES. August 8, 1995. <ftp://146.142.4.23/pub/special.requests/chicago/ptwgl.txt>; Current Population Survey. March Supplement 2005.
- ^{xiv} Hooyman, Nancy R. and Judith Gonyea. *Feminist Perspectives on Family Care: Policies for Gender Justice*. Thousand Oaks, CA: Sage, 1995.
- ^{xv} 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.
- ^{xvi} Current Population Survey. March Supplement 2005.
- ^{xvii} Lambrew.
- ^{xviii} <http://www.census.gov/prod/2003pubs/c2kbr-30.pdf>; Lake County Health Department and Community Health Center, "The Medically Uninsured in Lake County." http://www.co.lake.il.us/health/cha_uninsured/uninsured.htm#Fig5.
- ^{xix} Current Population Survey. March Supplement 2005.
- ^{xx} Lambrew.
- ^{xxi} statehealthfacts.org; Current Population Survey. March Supplement 2005.
- ^{xxii} Current Population Survey. March Supplement 2005.

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