

Six Reasons Why Health Insurance Coverage is a Texas Women's Issue

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

Nationally, women are more likely than men to have a chronic condition, such as arthritis or asthma, that requires ongoing medical attention (38% of women vs. 30% of men).ⁱ Women make 58% more visits each year to primary care physicians than do menⁱⁱ and are more likely than men to take at least one prescription drug on a daily basis (56% of women vs. 42% of men).ⁱⁱⁱ Women have greater annual health care expenses than men (\$2,453 vs. \$2,316), and a greater proportion of these expenses are paid out of pocket (19% vs. 16%).^{iv}

Texas women, compared to other American women, have especially high rates of diabetes and die at especially high rates from strokes. **Texas women** report poor mental health at a much higher rate than Texas men (39% of women vs. 29% of men). **Texas women** fill on average five more prescriptions per year than do Texas men.^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. Being poor affects the ability to obtain health care. Uninsured women are nearly 20% more likely than uninsured men to have trouble obtaining health care.^{vi}

Texas women who work full time earn on average \$10,000 per year less than Texas men who work full time^{vii}, and **Texas women** are more likely to live in poverty than women elsewhere in the United States (20% vs. 16%). Access to dental care is a good measure of an individual's ability to afford health services: **Texas women** are less likely than other American women to visit a dentist annually (62% in Texas vs. 72% nationally).^{viii}

In Texas, Hispanic women are at a particular financial disadvantage: Hispanic women earn less than half of what white men are paid. Overall, the rate of uninsured Hispanics in Texas is more than twice as high as the rate of uninsured white people in Texas (41% vs. 17%).^{ix}

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, 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.^x Partly for this reason, women are 15% less likely to be offered job-based health insurance^{xi} and many fewer women than men are covered by insurance through their place of employment (35% vs. 49%).^{xii}

In Texas, 21% of women who work part-time or part of the year are insured through their jobs, whereas 61% women who work full-time are insured through their jobs.^{xiii}

4. Many women are unable to work at full time jobs that provide health insurance because of the time they spend providing unpaid care to sick, disabled, and very young or 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 Texas, three times as many women as men report leaving work for reasons associated with domestic circumstances (30% vs. 8%).^{xv}

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 health coverage as "dependents" through their spouses jobs (29% vs. 13%).^{xvi} 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 Texas, 20% of adult (non-elderly) women, vs. only 10% of men, are insured through someone else's – typically a spouse's – employer.^{xviii} **Among Texans** age fifty and above with private insurance of any type, women are twice as likely as men to be insured as dependents on their spouse's policy (30% vs. 15%).^{xix} **In Texas**, 39% of women age fifty and older are widowed, divorced or separated. Only 17% of men in that age group are widowed, divorced or separated.^{xx} **In Texas**, people who are divorced or separated are uninsured at a much higher rate than people who are married (30% vs. 21%).^{xxi}

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

Nationally, more than twice as many women as men are enrolled on Medicaid (7% vs. 3%).^{xxii} As a result, cuts in Medicaid funding and tighter limits for Medicaid eligibility mean that the number of uninsured women is growing faster than the number of uninsured men.^{xxiii}

In Texas, in the year 2000, 45% of births are financed by Medicaid.^{xxiv} **In Texas**, in the year 2004, significant cuts were made in Medicaid coverage. For example, coverage for pregnant women with incomes above 185% of the federal poverty level (\$15,670 for a family of three) was discontinued. And, even for those who remained eligible for Medicaid, services including eye glasses, hearing aids, and psychological services were discontinued. These changes affected over 12,800 Texans, the majority of whom are women.^{xxv}

ⁱ Salganicoff, Alina and Usha Ranji. *Women and Health Care: A National Profile*, Kaiser Family Foundation, July 2005.

<http://www.kff.org/womenshealth/upload/Women-and-Health-Care-A-National-Profile-Key-Findings-from-the-Kaiser-Women-s-Health-Survey.pdf>

ⁱⁱ 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>.

ⁱⁱⁱ Salganicoff and Ranji, 2005.

^{iv} Lambrew, Jeanne M., *Diagnosing Disparities in Health Insurance for Women: A Prescription for Change*. Commonwealth Fund, August 2001.

http://www.cmf.org/publications/publications_show.htm?doc_id=221296.

^v KFF *State Health Facts* www.statehealthfacts.org

^{vi} Lambrew, 2001.

^{vii} <http://www.iwpr.org/States2004/PDFs/data1.pdf>

^{viii} KFF *State Health Facts*.

^{ix} [http://www.statehealthfacts.org/cgi-](http://www.statehealthfacts.org/cgi-bin/healthfacts.cgi?action=profile&area=Texas&category=Health+Coverage+%26+Uninsured&subcategory=Nonelderly+Uninsured&topic=Rate+by+Race%2fEthnicity)

[bin/healthfacts.cgi?action=profile&area=Texas&category=Health+Coverage+%26+Uninsured&subcategory=Nonelderly+Uninsured&topic=Rate+by+Race%2fEthnicity](http://www.statehealthfacts.org/cgi-bin/healthfacts.cgi?action=profile&area=Texas&category=Health+Coverage+%26+Uninsured&subcategory=Nonelderly+Uninsured&topic=Rate+by+Race%2fEthnicity)

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

^{xi} Lambrew, 2001.

^{xii} Salganicoff and Ranji, 2005.

^{xiii} Unpublished Urban Institute tabulations of March 2003 and 2004 Current Population Survey for the Kaiser Commission on Medicaid and the Uninsured.

^{xiv} Hooymann, Nancy R. and Judith Gonyea. *Feminist Perspectives on Family Care: Policies for Gender Justice*. Thousand Oaks, CA: Sage, 1995.

^{xv} Maurice Ensellem, Katherine Allen and Lois Shaw, "The Texas Unemployment Insurance System: Barriers to Access for Low-Wage, Part-Time and Women Workers," National Employment Law Project. (Feb. 1999). <http://www.nelp.org/docUploads/pub7%2Epdf>

^{xvi} Salganicoff and Ranji, 2005.

^{xvii} Lambrew, 2001.

^{xviii} Unpublished Urban Institute tabulations of March 2003 and 2004 Current Population Survey.

^{xix} Lee, Sunhwa, Lois Shaw and Vanessa Melamede, "Beyond 50: A View of Economic Security in the States." AARP Report, May 2001.

http://assets.aarp.org/rgcenter/econ/beyond_50_econ_states_tx.pdf

^{xx} Lee, Shaw and Melamede, 2001.

^{xxi} Texas Health and Human Services Commission, "Demographic and Socioeconomic Statistics / Indicators"

<http://www.hhsc.state.tx.us/research/dssi/HIS/TXUNIN2001.html>

^{xxii} Salganicoff and Ranji, 2005.

^{xxiii} Lambrew, 2001.

^{xxiv} [http://www.statehealthfacts.org/cgi-](http://www.statehealthfacts.org/cgi-bin/healthfacts.cgi?action=profile&area=Texas&category=Medicaid+%26+CHIP&subcategory=Births+Financed+by+Medicaid&topic=As+Percent+of+State+Births)

[bin/healthfacts.cgi?action=profile&area=Texas&category=Medicaid+%26+CHIP&subcategory=Births+Financed+by+Medicaid&topic=As+Percent+of+State+Births](http://www.statehealthfacts.org/cgi-bin/healthfacts.cgi?action=profile&area=Texas&category=Medicaid+%26+CHIP&subcategory=Births+Financed+by+Medicaid&topic=As+Percent+of+State+Births)

^{xxv} <http://www.kff.org/medicaid/upload/The-Continuing-Medicaid-Budget-Challenge-State-Medicaid-Spending-Growth-and-Cost-Containment-in-Fiscal-Years-2004-and-2005-Results-from-a-50-State-Survey.pdf>