

Seven Reasons Why Health Care Reform is a Women's Issue

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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%).

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.

3. Latinas, immigrant women, young women, and rural women face particularly severe obstacles to obtaining medical care.

Nationally, 34% of Hispanics (vs. 13% of whites and 21% of blacks) are uninsured. For many immigrant women, difficulties accessing health care are compounded by language barriers or by reluctance to being treated by a male physician. Young adults ages 19-23 are twice as likely as adults ages 30-64 to be uninsured. Young women are particularly vulnerable to regulations and legislation limiting access to emergency contraception, family planning information, and abortion. Due to employment factors, poverty and inadequate provider networks, the rate of being uninsured in rural areas is 20% higher than in urban areas. Even with insurance, the lack of health care options means that rural women often have difficulties accessing appropriate care.

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.

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.

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.

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.

These statistics, and other important facts about women's health care access, can be found in the following sources, all of which are accessible on-line: Alina Salganicoff and J. Zoe Beckerman et al, *Women's Health in the United States: Health Coverage and Access to Care*, Kaiser Family Foundation, May 2002; Jeanne M. Lambrew, *Diagnosing*

Disparities in Health Insurance for Women: A Prescription for Change, Commonwealth Fund, August 2001; Kaiser Family Foundation, *statehealthfacts.org*; Sara R. Collins, et al, *Why Young Adults Become Uninsured and How New Policies Can Help*, Commonwealth Fund Issue Brief, May 2004; Kaiser Family Foundation, *The Uninsured in Rural America*, April 2003; Kaiser Family Foundation, *Employer Health Benefits 2003 Annual Survey*.

Members of Suffolk University's Center for Women's Health and Human Rights are eager to work with individuals and organizations interested in generating additional fact sheets highlighting health care access concerns of minority women and other specific groups of women. For more information about the Center, or to see sample fact sheets highlighting women's health issues in specific states, please visit our web site at <http://www.suffolk.edu/cwhhr/>