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Nonelderly Women in California: A Health Snapshot

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SUMMARY: This fact sheet examines selected health issues among nonelderly women (ages 18–64) in California. The health care reform recently enacted has potential to address some of the disparities in health and health care access among nonelderly women in

California. This fact sheet, based on data from the 2007 California Health Interview Survey, provides a snapshot of several key issues among nonelderly women to be considered as health care reform is implemented over the next several years.

Many Nonelderly Women Have Limited Incomes

One-third (34%) of nonelderly women in California were low income in 2007, with family incomes below 200% of the Federal Poverty Level (FPL).¹ Among the women in this group, 17% had family incomes that were 0–99% FPL, and another 17% had family incomes at 100–199% FPL. An additional 23% were moderate income, with family incomes that were 200–399% FPL. Among the subgroups of women ages 18–64, those with higher proportions of low-income women were African Americans (41%), American Indian/Alaska Natives (47%), Latinas (58%), younger women (ages 18–29; 46%) and single parents (66%).

Poor Health Is More Prevalent among Women in Mid-Age and Women of Color

Approximately one in five (18%) nonelderly women reported being in fair or poor health; the rate nearly doubled for women with low incomes (32%). Additionally, among low-income women ages 45–64, almost half (48%) reported being in fair or poor health.

High Blood Pressure

Nearly one in five (19%) nonelderly women had ever been diagnosed with high blood pressure.² Rates increased with age: 11% of women in the 18–44 age group had been diagnosed with high blood pressure, compared to 33% of women ages 45–64. Within subgroups of women 45–64, this high-prevalence condition had been diagnosed in half or more of American Indian/Alaska Native (50%) and African American (59%) women, as well as in approximately one in three Latinas (34%), Asian/Pacific Islander women (33%) and white women (29%).

Diabetes

Five percent of nonelderly women reported having ever been diagnosed with diabetes.³ Prevalence rates rose with age and differed by race and ethnicity. Among all women 45–64, the prevalence of diabetes was 9%; rates were higher among African American women (17%) and Latinas (15%), who had approximately twice the rate of both white and Asian/Pacific Islander women (7% each).⁴

Overweight and Obesity

Based on self-reported height and weight, one in five (21%) nonelderly women was obese, and an additional 29% were overweight.⁵ Women ages 18–29 had the lowest rate of obesity (13%), with the rate increasing to 22%–26% among women ages 30–64.

Smoking Rates Still High for Some Groups

Slightly more than one in ten (12%) nonelderly women—approximately 1.3 million—reported that they smoked cigarettes. The proportion had decreased since 2003, when 14% of nonelderly women smoked.⁶ However, some subgroups of nonelderly women had higher prevalence rates: African American (19%), American Indian/Alaska Native (20%) and white (14%) women smoked at higher rates than Latinas (8%) and Asian/Pacific Islander women (5%).

Lack of Coverage Is Associated with Less Preventive Care

In 2007, 21% of nonelderly women in California were uninsured for all or part of the year. Uninsured rates have increased since the recession that began in 2008.⁷ For women who do not have health insurance, access to the health care system and to preventive screenings is more limited.

Physician Visit

Overall, 13% of nonelderly women had not visited a physician in the past year, with rates three times higher for uninsured women (29%) than for women with employment-based coverage (8%).

Mammography Screening

Overall, 79% of women ages 40–64 had received a mammogram within the past two years. The screening rates were lower for women ages 40–49 (68%) than for those ages 50–64 (82%). Women ages 40–64 who lacked

health insurance had considerably lower screening rates than women in the same age group who had employment-based health coverage (57% and 84%, respectively). Further, nearly one in five (19%) uninsured women ages 40–64 had never had a mammogram.

Pap Test Screening

Among women ages 21–64, 90% had received a Pap test screen in the past three years.⁸ Among those who were uninsured, the proportion who had received a Pap test was 80%, compared to 93% of women with employment-based coverage. Eleven percent of uninsured women ages 21–64 had never been screened, and 9% reported that their last screening had been more than three years earlier.

Discussion

Many disparities in health and health care access exist among nonelderly women in California. The recently enacted health care reform provides opportunities to reduce some of these disparities. Implementation of provisions of the reform will begin this year and will continue through 2014, when the major reforms that expand access to health insurance coverage will be fully in place.⁹

Among the many provisions of the reform to be implemented over the next several years are subsidies for those with limited incomes, public coverage expansion, initiatives for improved management of chronic conditions, a high-risk pool for those with pre-existing conditions, and better coverage for certain preventive services.

The data provided in this fact sheet highlight some of the key health issues of nonelderly women and will help sharpen the focus of the health care reform implementation efforts.



This publication contains data from the California Health Interview Survey (CHIS), the nation's largest state health survey. Conducted by the UCLA Center for Health Policy Research, CHIS data gives a detailed picture of the health and health care needs of California's large and diverse population. Learn more at: www.chis.ucla.edu

Data Source

This brief is based on data from the 2007 California Health Interview Survey (CHIS 2007). The CHIS is a biennial telephone survey of the California population living in households. Sampling tolerances at the 95% confidence level were used to calculate statistically significant differences between populations. The determination of adequate sample size for reportable data was based on analysis of the coefficient of variation (CV), using a criterion of 30. For more information on the California Health Interview Survey, please visit www.chis.ucla.edu.

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Endnotes

- 1 The 2007 Federal Poverty Level (FPL) was \$10,787 for one person, \$13,954 for a two-person family and \$16,530 for a three-person family.
- 2 Health condition prevalence is based on women reporting that they have ever been diagnosed with the condition.
- 3 Diabetes rate excludes gestational diabetes.
- 4 The estimate for American Indian/Alaska native women ages 45-64 was not reported because the estimate did not meet stability criteria.
- 5 Overweight and obesity are based on body mass index (BMI), derived from self-reported height and weight. Weight in pounds is divided by height in inches squared, then multiplied by a conversion factor of 703. "Overweight" is defined as a BMI of 25.0-29.9, and "obese" is a BMI of 30.0 or above.
- 6 The smoking estimate for the year 2003 is based on data from the 2003 California Health Interview Survey.
- 7 Lavarreda SA, Brown ER, Cabezas L and Roby DH. *Number of Uninsured Jumped to More Than Eight Million from 2007 to 2009*. Los Angeles, CA: UCLA Center for Health Policy Research, 2010.
- 8 The Pap test estimates exclude women who have had a hysterectomy.
- 9 Kaiser Family Foundation, *Focus on Health Reform, Health Reform Implementation Timeline*. For more detail on the provisions of the Patient Protection and Affordable Care Act and modifications to the law in the Health Care and Education Reconciliation Act of 2010, see <http://www.kff.org/healthreform/8060.cfm>.

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