

# Low-income women 4 times more likely to report fair or poor health

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Low-income women are four times more likely than higher-income women to report fair or poor health and nearly twice as likely to report a health condition that limits their basic physical activities, according to a new policy brief from the UCLA Center for Health Policy Research.

These women also experience inadequate access to [health](#) insurance and health care to a far greater degree than their higher-income counterparts, the study found.

The research, which examines data from the 2007 California Health Interview Survey (CHIS) represents the most comprehensive overview of the health of California's approximately 3.8 million women between the ages of 18 and 64 who have family incomes below 200 percent of the federal poverty level (FPL).

However, "the data was collected before the recession, and low-income women are particularly vulnerable to downturns in the economy, which means that their status is likely to be even worse today," said Roberta Wyn associate director of the center and co-author of the policy brief, "Health Disparities Among California's Nearly Four Million Low-Income Nonelderly Adult Women."

"Women, especially in poor families, are often breadwinners whose good health is essential to keeping their families afloat," Wyn said. "Improving the health status of these women is an essential coping strategy for the state as a whole during economic hard times."

According to the study, low-income women are more likely to report a health condition that limits basic physical activities such as walking, climbing stairs, lifting or carrying. They are also more likely to report having difficulty performing basic daily activities, such as dressing, bathing or getting around the house. And mid-life, low-income women have higher rates of diabetes, [high blood](#)

[pressure](#) and heart disease — three of four chronic health conditions examined in the research.

Despite Medi-Cal, four in 10 low-income women were uninsured for all or part of 2007 — nearly six times the rate of higher-income women. Lack of access to employment-based insurance, the main source of coverage for most women, was a primary reason. Only two in 10 low-income women (22 percent) were covered by employment-based coverage, while the prohibitively high cost of privately purchased insurance was reflected in the small proportion of low-income women who have it: just 4 percent.

Despite their poorer health status, low-income women also experience significantly greater gaps in access to health care. Specifically:

- They are less likely to see a physician: One in five low-income women (20 percent) reported no physician visit in the past year, compared with 8 percent of higher-income women.
- They get less preventive screening: Low-income women are the least likely to be screened for cervical and breast cancer, while screening rates increase among higher-income women. One-fifth of low-income women had not received a Pap test in the past three years. Among low-income women between the ages of 40 and 64, one-third had not received a mammogram in the past two years.

Latina and Native American women are the most likely to have limited family incomes. Nearly six in 10 Latinas (58 percent), 47 percent of American Indian/Alaska Native women, 41 percent of African American women, 28 percent of Asian/Pacific Islander women and 29 percent of multiple-race women have low incomes. In comparison, 16

percent of white women are in low-income families.

The policy brief defines low-income women as those whose family incomes range from 0 to 199 percent of the federal poverty level (FPL), a national measure of poverty that varies by [family income](#) and family size. Higher-income women are defined as [women](#) whose family income is 400 percent of the FPL or greater.

Source: University of California - Los Angeles

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