

# Despite Significant Gains, Women of Color Have Lower Rates of Health Insurance Than White Women

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Pervasive coverage disparities remain for women of color, despite significant health insurance gains since the implementation of the Affordable Care Act (see Table 1).<sup>1</sup> Health insurance provides access to the care women of color need to get and stay healthy, including preventive care, routine screenings and management of chronic conditions.

Women of color have higher rates of many preventable diseases and chronic health conditions, including maternal mortality, diabetes and viral Hepatitis, and are more likely to experience sexual violence and interpersonal violence compared to their white counterparts.<sup>2</sup>

As the data below show, more needs to be done to ensure that all women have affordable health coverage.

**Table 1. Women's Health Insurance Coverage by Race**

<b>Percentage of Women without Health Insurance (ages 18-64)</b>	<b>2013</b>	<b>2016</b>	<b>2017</b>
Women (total)	16.9%	10.6%	11.1%
American Indian and Alaska Native (AIAN)	26.6%	18.6%	21.1%
Latinas	30.4%	19.5%	19.9%
Black Women	19.3%	12.2%	13.9%
Native Hawaiian and Pacific Islander Women (NHPI)	12.6%	17.5%	13.8%
Asian Women	16.5%	8.12%	9.0%
White Women	12.8%	7.90%	8.0%

Data source: National Partnership for Women & Families analysis of the 2018 Current Population Survey, Annual Social and Economic Supplement<sup>3</sup>

## Health Insurance during Reproductive Age (15-44)

Women of color who are of reproductive age (15-44) face the biggest disparities in coverage. Insurance coverage for women who are of reproductive age is especially critical,<sup>4</sup> because women need access to preventive health care, such as birth control, to

maintain their health and choose when and whether to become a parent. Pregnant women who lack coverage often delay or forgo prenatal care in the first trimester,<sup>5</sup> and inadequate prenatal care is associated with higher rates of infant and maternal mortality.<sup>6</sup>

- On average, 17 percent of American Indian and Alaska Native (AIAN), Black, Latina and Native Hawaiian and Pacific Islander (NHPI) women of reproductive age lack health insurance, compared to only 8 percent of white women.
- Nine percent of Asian American women of reproductive age do not have health insurance, a rate similar to that of white women.

## **Coverage Type and the Medicaid Gap**

Women of color access health insurance through a variety of sources. The majority access health insurance through employer sponsored options and a small percentage purchase their own insurance on the individual market (most through the ACA health insurance marketplace), but millions rely on Medicaid for coverage.

- More than four million Latinas (18-64) and 54 percent of Latina girls (0-17) rely on Medicaid for coverage.
- More than three million Black women (18-64) and 52 percent of black girls (0-17) rely on Medicaid for coverage.
- Almost one million Asian women (18-64) and 28 percent of Asian girls (age 0-17) rely on Medicaid for coverage.
- Roughly 250,000 AIAN women (18-64) and 60 percent of AIAN girls (0-17) rely on Medicaid for coverage.
- More than 43,000 NHPI women (18-64) and 24 percent of NHPI girls (age 0-17) rely on Medicaid for coverage.

Medicaid plays a critical role in providing access to health care for communities of color. However, many women of color, are unable to enroll in coverage because they live in states, primarily in the South and Midwest that chose not to expand Medicaid.<sup>7</sup> These women often fall into the “coverage gap” because they earn too much to qualify for traditional Medicaid in those states, but not enough to purchase insurance on the Marketplace; as a result, they still lack access to health coverage.

- Twenty-eight percent of Latinas in the South do not have health insurance
- Sixteen percent of Black women in the South do not have health insurance.
- Eleven percent of Asian women in the South do not have health insurance.
- Thirty percent of NHPI women in the Midwest do not have health insurance.
- Twenty-five percent of AIAN women in the Midwest do not have health insurance.

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<sup>1</sup> U.S. Census Bureau. (2018). *Current Population Survey, Annual Social and Economic (ASEC) Supplement: Table PINC-05: Work Experience in 2017 – People 15 Years Old and Over by Total Money Earnings in 2017, Age, Race, Hispanic Origin, Sex, and Disability Status*. Retrieved 20 March 2019, from <https://www.census.gov/data/tables/time-series/demo/income-poverty/cps-pinc/pinc-05.html> (Unpublished calculation based on the median annual pay for all women and men who worked full time, year-round in 2018)

<sup>2</sup> U.S. Department of Health and Human Services Office of Minority Health. (2018, March). *Profile: American Indian/Alaska Native*. Retrieved 3 April 2019, from <https://www.minorityhealth.hhs.gov/omh/browse.aspx?lvl=3&lvlid=62>; Rosay, A. B. (2016, May). *Violence Against American Indian and Alaska Native Women and Men: 2010 Findings From the Intimate Partner and Sexual Violence Survey*. Retrieved 29 March 2019, from National Institute of Justice Research website: <https://www.ncjrs.gov/pdffiles1/nij/249736.pdf>; U.S. Department of Health and Human Services Health Resources and Service Administration. (2013, January). *Women's Health USA 2012*. Retrieved 1 April 2019, from <https://mchb.hrsa.gov/whusa12/more/downloads/pdf/whusa12.pdf>

<sup>3</sup> For this analysis, race groups were not calculated using Hispanic ethnicity, except in the case of Latinas; U.S. Census Bureau. (2018, January). *Race*. Retrieved 1 April 2019, from <https://www.census.gov/topics/population/race/about.html>

<sup>4</sup> National Center for Health Statistics. (2017, June). *Health, United States, 2015: With Special Feature on Racial and Ethnic Health Disparities*. Retrieved on March 22, 2019, from [https://www.cdc.gov/nchs/data/15.pdf](https://www.cdc.gov/nchs/data/hus/15.pdf)

<sup>5</sup> Egarter, S., Braveman, P., & Marchi, K. (2002, March). Timing of insurance coverage and use of prenatal care among low-income women. *American Journal of Public Health*, 92(3), 423-427. Retrieved 27 March 2019, from <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC1447093>

<sup>6</sup> U.S. Centers for Disease Control and Prevention. (2017, September). *Pregnancy and Prenatal Care*. Retrieved 14 March 2019, from <https://www.cdc.gov/healthcommunication/toolstemplates/entertainmented/tips/PregnancyPrenatalCare.html>

<sup>7</sup> Regions are based on the U.S. Census Bureau's division of the fifty states. The regions are defined as: Northeast (CT, ME, MA, NH, NJ, NY, PA, RI, and VT); Midwest (IL, IN, MI, OH, WI, IA, KS, MN, NE, ND, SD); South (AL, AR, DE, D.C., FL, GA, KY, LA, MD, MS, NC, OK, SC, TN, TX, VA, WV); and West (AK, AZ, CA, CO, HI, ID, MT, NV, NM, OR, UT, WA).

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