

REPORT

Mind the Gap: Low-Income Women in Dire Need of Health Insurance

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Access and preventive care disparities between low-income women with and without health insurance demonstrate the importance of Medicaid in states yet to expand coverage.

Under the Affordable Care Act (ACA), states may expand eligibility for their Medicaid programs to provide health coverage for millions of low-income Americans. At this point, twenty-five states have not yet expanded coverage through Medicaid, leaving over three million women in the coverage gap. This gap results from states' failure to expand coverage and applies to individuals with incomes below the poverty level (approximately \$11,500 for an individual) who do not qualify for traditional Medicaid on the basis of disability, family composition, or age. Women with income above poverty are eligible for subsidies for private health insurance available through their state Marketplace.¹

This report demonstrates the risk the coverage gap poses to low-income women's health by examining the dramatic differences in health care access and preventive services utilization between low-income women who will be stuck in this coverage gap—unless their state changes course—versus those who have access to coverage. More specifically, this analysis of the Behavioral Risk Factor Surveillance System data from 2012 finds that women in the coverage gap also experience a health care gap. In general, low-income women without health insurance are significantly less likely to access basic health care services on a regular basis and are less likely to use important preventive services than women who have similarly low incomes but who are covered by public or private health insurance.

Uninsured women have less access to care

Without health coverage, low-income women have less access to basic care. In particular, low-income women without health insurance more often report that they go without care because of cost, when compared to low-income women with insurance, and report less often that they have a personal health care provider or have had a regular checkup in the last two years. These differences in health care access undermine women's health, but states have an immediate tool at hand to address this gap in access to regular health care services for low-income uninsured women. By expanding coverage through Medicaid, states can integrate millions of low-income women into our health care system.

Table 1: Uninsured, low-income women have worse access to basic health care.

Questions	Low-income Women, without insurance	Low-income Women, with insurance
In the last 12 months, have needed to see a doctor but could not because of cost*	57.7%	22.5%

Have a personal doctor or health care provider	51.9%	87.6%
Had a “regular checkup” in the last two years	62.4%	87.9%

*For this question alone, a higher percentage means that fewer women are accessing care.

Uninsured women have limited use of preventive services

Preventive services allow individuals to catch problems earlier and begin treatment, when necessary, in a timely manner, avoid more serious diseases down the line, and ultimately live healthier, longer lives. But without health insurance coverage, low-income, uninsured women have trouble accessing these important preventive services, and use preventive care less than low-income insured women. More specifically, low-income women report lower use of mammograms, colon cancer screening, cervical cancer screening, HIV testing, and flu vaccines. By expanding coverage through Medicaid, states can reduce the gap in women’s use of preventive services, ultimately improving their health.

Table 2: Uninsured, low-income women have lower use of preventive care.

Questions	Low-income Women, without Insurance	Low-income Women, with Insurance
Had a mammogram in the past two years (aged 40+)	45.5%	72.2%
Had a sigmoidoscopy or colonoscopy (aged 50+)	37.1%	62.4%
Had a Pap test in the past three years (18+)	65.35%	80.8%
Ever tested for HIV	44.5%	46.4%
In the last 12 months, have had either a seasonal flu shot or a seasonal flu vaccine that was sprayed through the nose	21.5%	38.3%

Overall, the gap between low-income, uninsured women and low-income women with health insurance on critical access and prevention measures demonstrates that going without health insurance is bad for women’s health. This analysis shows that low-income uninsured women—who would be eligible for health insurance if their state accepted the federal money to expand Medicaid coverage—are more likely to go without care because of cost, less likely to have a regular source of care, and utilize preventive services at lower rates than low-income women with health insurance. In short, this population is in dire need of affordable health coverage in order to access the care they need to get and stay healthy.

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1 Genevieve M. Kenney et. al., The Urban Institute, Opting in to the Medicaid Expansion under the ACA: Who Are the Uninsured Adults Who Could Gain Health Insurance Coverage, (August 2012), available at: <http://www.urban.org/UploadedPDF/412630-opting-in-medicaid.pdf>.