



THE LINK BETWEEN HEALTH AND ECONOMIC SECURITY FOR WORKING-AGE WOMEN

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ISSUE BRIEF

Good health often depends on having a good job and economic security. At the same time, staying healthy is often critical to keeping a job. For women, the tie between health and economic security is intensified by their responsibilities for caring for sick children or family members. In fact, *The Commonwealth Fund 1998 Survey of Women's Health* finds that half of all low-income, nonworking women are disabled or caring for a sick or disabled child or family member.

In general, the survey reveals a strikingly negative relationship between health and income. The lower a woman's income, the more likely she is to have a disability or chronic disease and generally poor health.

To examine the interaction among health, family responsibilities, and women's ability to earn a decent living, this issue brief groups working-age women (ages 18-64) into one of four roughly equal income quartiles. The profiles of health status, work, family responsibilities, health insurance, and access to care for women with low or modest incomes, compared with those for women with above-median incomes, highlight the complex ties that exist between health and income.

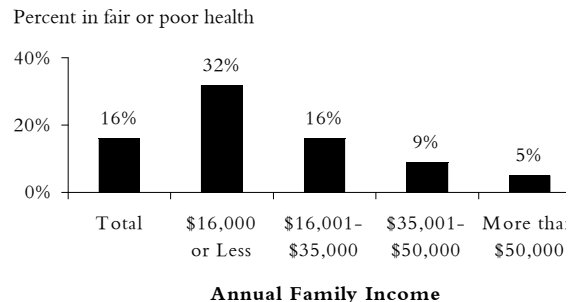
THE LOWER A WOMAN'S INCOME, THE GREATER HER LIKELIHOOD OF HEALTH PROBLEMS

Women's health status tends to worsen as family income levels fall. As measured by an array of health indicators, lower-income women disproportionately suffer from chronic

disease, disability, and poor health. Among women with annual incomes of \$16,000 or less, rates for diabetes and heart disease were double those reported by women with annual incomes greater than \$50,000. One of five low- and modest-income women (\$35,000 or less) said she had been diagnosed with hypertension or arthritis during the past five years. Overall, more than two of five low-income women reported that a physician had diagnosed at least one of five chronic conditions, including cancer—a rate 50 percent higher than that for women with incomes exceeding \$50,000 (42% vs. 27%).

Women with low incomes similarly were more likely to have health problems or disabilities severe enough to limit work or daily activities. In fact, one of four low-income women—triple the rate for upper-income women—reported such limiting health problems. The survey also finds that self-assessed ratings of poor health rise steeply as income falls: one of three women with annual incomes of \$16,000 or less rated her health as fair or poor, six times the rate for women with incomes above \$50,000.

Health Status by Income, 1998
Women Ages 18 to 64



Source: *The Commonwealth Fund 1998 Survey of Women's Health*

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Low-income women are at high risk for mental health problems as well. One-quarter (26%) reported a physician diagnosis of anxiety or depression in the last five years, a rate double that for women with incomes above \$50,000. Low-income women are nearly twice as likely to exhibit high levels of depressive symptoms: more than half (55%) of women with incomes of \$16,000 or less have such symptoms, compared with less than one-third of higher-income women (30%).

Across the four income groups, a steep, negative pattern emerges in which the risk of poor health rises steadily as income falls. Working-age women in the bottom half of the income distribution are generally in worse health as measured by indicators included in the survey.

ECONOMIC INSECURITY, HEALTH, AND WORK STATUS

In examining economic stress indicators, family responsibilities, and work status, the burden of illness borne by low- and modest-income women becomes ever more apparent. Women in the lowest income

group are clearly under economic stress: when asked about their ability to pay for rent, utilities, food, and other basic living expenses, nearly three of five (59%) women living on incomes of \$16,000 or less said they have trouble meeting their basic needs, as did nearly two of five (38%) women with incomes from \$16,001 to \$35,000.

Across income groups, women were almost equally as likely to be caring for children—about half reported that children under age 18 were living at home. Low-wage women, however, were more likely to be bringing up their children alone, without the benefit of a spouse or partner to share work or parenting responsibilities. Almost two-thirds (62%) of low-income women with children and more than one-third (37%) of modest-income women were single parents. In contrast, the vast majority of women with children living on incomes above \$35,000—nine of 10—were in two-parent families.

One of 10 women under age 65 is currently caring for a sick or disabled child, husband, parent, or other family member based on survey interviews. Although rates

Table 1: Health Status and Income, Women Ages 18–64

Health Status Indicator	Woman’s Annual Family Income				
	All Women	\$16,000 or Less	\$16,001–\$35,000	\$35,001–\$50,000	More than \$50,000
Physician diagnosis of:					
Hypertension	17%	22%	20%	14%	14%
Arthritis	17	22	18	16	14
Diabetes	6	8	6	5	4
Heart disease	4	6	4	2	3
Cancer	3	4	2	2	2
At least one of five conditions	33	42	36	31	27
Disability limits daily activities	14	25	13	10	9
Fair or poor self-rated health	16	32	16	9	5
Mental health					
High level of depressive symptoms*	41	55	42	39	30
Diagnosis of depression or anxiety in past five years	17	26	15	17	12

*Based on scale created from six questions on well-being during the past two weeks.

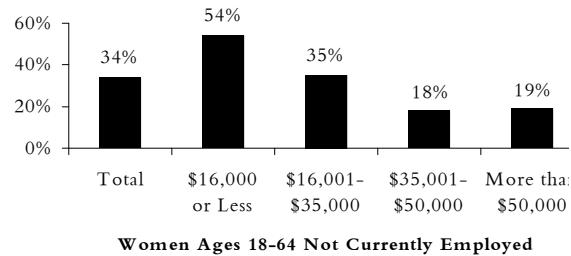
are roughly similar across the four income groups, women with below-median incomes (\$35,000 or less) were devoting substantially more time to caregiving with less paid help. Half of women caregivers with below-median incomes spend 20 hours or more per week providing supportive care and only 18 percent receive any paid home health assistance. In contrast, 29 percent of women caregivers with above-median incomes devote this much time and 35 percent have paid assistance.

Personal and family health concerns undermine lower-income women's opportunities to work. More than half (54%) of low-income women who were not currently working were caring for a sick or disabled family member (18%) and/or had disabilities that limited their own ability to work (43%).

As a result, women at the bottom of the income scale were less likely to be

Caregiving and Disability Among Women Not Currently Employed

Percent of women not currently employed who are disabled or caring for a sick or disabled family member



Source: The Commonwealth Fund 1998 Survey of Women's Health

currently working. Low-income women were also notably less likely to have the security of two incomes. Indeed, higher incomes reflect in part the economic security that can be achieved with two-income families: 61 percent of women in families with incomes above \$50,000 are married with both spouses working, compared with 12 percent of women with incomes of \$16,000 or less.

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Table 2: Demographics, Women Ages 18-64

	Woman's Annual Family Income				
	All Women	\$16,000 or Less	\$16,001-\$35,000	\$35,001-\$50,000	More than \$50,000
Trouble paying for basics*	30%	59%	38%	20%	9%
Marital Status					
Married**	60	31	53	70	82
Widowed, divorced, separated	18	32	21	14	6
Single	22	37	26	17	11
Has children < age 18 at home	49	53	43	51	51
Married mother	35	20	27	43	48
Single mother	14	33	16	8	3
Caregiver for sick or disabled child, spouse, or relative	10	13	10	9	8
In working family	85	67	87	94	95
Married, both work	37	12	27	49	61
Only woman works (single or spouse not working)	33	44	45	30	16
Spouse works, woman does not	15	10	15	15	18
No current worker in family	15	33	13	6	5

*Has "a lot" or "some" trouble.

**Includes women who are married or who say they are living together as a couple.

Table 3: Health Insurance and Access in 1998, Women Ages 18-64

	Woman's Annual Family Income				
	All Women	\$16,000 or Less	\$16,001-\$35,000	\$35,001-\$50,000	More than \$50,000
Insurance status					
Continuously insured	74%	51%	67%	84%	92%
Insured now, but gap in past year	8	13	12	6	3
Uninsured	18	35	21	10	5
Access to health care					
Had at least one of three access problems in past year*	24	37	26	20	15
Difficult to get care**	19	32	22	10	10
No Pap test	30	35	35	28	22
No breast exam	33	41	38	31	21

*Woman reported a time in the past year when she did not get needed care or specialist care or did not fill a prescription because of costs.

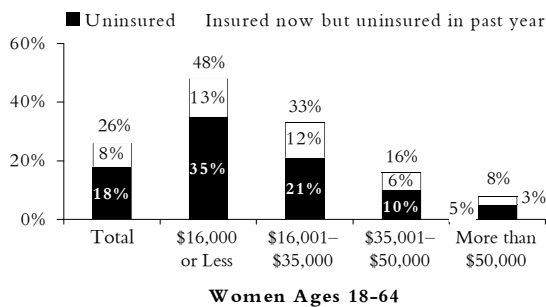
**Woman reported that it is "extremely," "very," or "somewhat" difficult to get needed care.

BEING UNINSURED ADDS TO ECONOMIC INSECURITY

Lack of health insurance further heightens the economic insecurity of women with below-median incomes. Despite a robust economy, nearly half (48%) of women with incomes of \$16,000 or less were uninsured when interviewed in 1998 or had experienced a time uninsured in the previous 12 months. Women with modest incomes were also at high risk: one of three with incomes from \$16,001 to \$35,000 was either uninsured or had a time uninsured in the past year.

Being uninsured leaves low- and modest-income women vulnerable to difficulties obtaining health care. More than one-third of low-income women and one-quarter of modest-income women reported a time in the past year when they did not secure needed care or specialty services or fill a prescription because of the costs.

Health Insurance by Income, 1998
Half of Low-Income Women Have a Time Uninsured



Source: The Commonwealth Fund 1998 Survey of Women's Health

The Commonwealth Fund 1998 Survey of Women's Health, conducted by Louis Harris and Associates, Inc., from May through November 1998, consisted of 20- to 25-minute telephone interviews with a random, national sample of 2,850 women and 1,500 men age 18 or older, with over-samples of minority women and men. To adjust for sampling design and to represent the adult population, the analysis weights responses to the March 1997 Current Population Survey by sex, race, age, education, and health insurance status.

The issue brief analysis divided women ages 18 to 64 into four income groups: \$16,000 or less (24% of women); \$16,001-\$35,000 (25% of women); \$35,001-\$50,000 (19% of women); and more than \$50,000 (23% of women). Nine percent of women did not report sufficient detail to be classified.



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