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Issue Brief

Women at Risk: Why Many Women Are Forgoing Needed Health Care

An Analysis of the Commonwealth Fund 2007 Biennial Health Insurance Survey

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ABSTRACT: Rising health care costs coupled with eroding health care benefits are having a substantial effect on Americans' ability to get needed health care, with women particularly affected. Women experience cost-related access problems and medical bill problems more often than men. In 2007, more than half (52%) of women reported problems accessing needed care because of cost and 45 percent of women accrued medical debt or reported problems with medical bills. Since women use more health care services than men, they are more exposed to the fragmentation and failings of the current health care system—underscoring the need for affordable and high-quality health insurance coverage that is available to all.

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INTRODUCTION

As the economic recession continues to ripple through the nation, forcing employers to shed jobs and trim health care budgets, health care costs are rising at a rate of more than 6 percent per year. Increasingly, health insurance and access to care are falling further out of reach for many working families. Women are particularly vulnerable to high health care costs in the current environment, since they face a disproportionate share of such costs.[1] Compared with men, women require more health care services during their reproductive years (ages 18 to 45), have higher out-of-pocket medical costs, and have lower average incomes.[2]

Drawing from the Commonwealth Fund 2007 Biennial Health Insurance Survey, this study finds that, although women are no more likely than men to be uninsured, they are more likely to forgo needed care because of cost and to have

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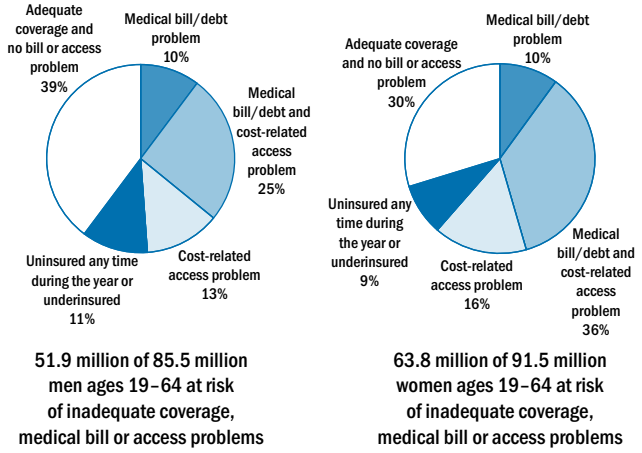
problems paying their medical bills, accrue medical debt, or both. Too often, problems with medical bills and medical debt force women to make difficult tradeoffs between health care, savings, credit card debt, mortgages, and basic necessities. In 2007, more than three of five adult women under age 65 reported a problem paying medical bills, a cost-related problem getting needed health care, or both, compared with about half of men (Figure 1). All told, seven of 10 women were either uninsured or underinsured, reported medical bill or debt problems, or experienced a cost-related problem accessing needed care. This analysis underscores the need for universal health insurance that is affordable, ensures access to timely health care, and provides protections against catastrophic financial losses.

Forty-Five Percent of Women Were Uninsured or Underinsured in 2007

Many men and women have inadequate health insurance coverage. In addition to experiencing gaps in coverage throughout the year, large numbers are underinsured, meaning that, while they have coverage year round, they still incur out-of-pocket health care costs that are high relative to their income.[3] In 2007, 45 percent of women and 39 percent of men were underinsured or uninsured for a time in the past year (Figure 2). Rates of inadequate coverage were highest among men and women with low and moderate incomes. Three of four adults with low incomes (household incomes less than $20,000) and three of five adults with moderate incomes ($20,000 to $39,999) had gaps in their insurance coverage or were underinsured. Even among those with higher incomes ($40,000 to $59,999), almost one-third were uninsured or underinsured.

Although rates of coverage do not differ significantly between women and men, the source of coverage does. Women have significantly higher rates of public coverage and more men than women get health insurance through their own employer (data not shown).[4] Women who have employer insurance, on the other hand, more often receive it through someone else, such as a spouse.

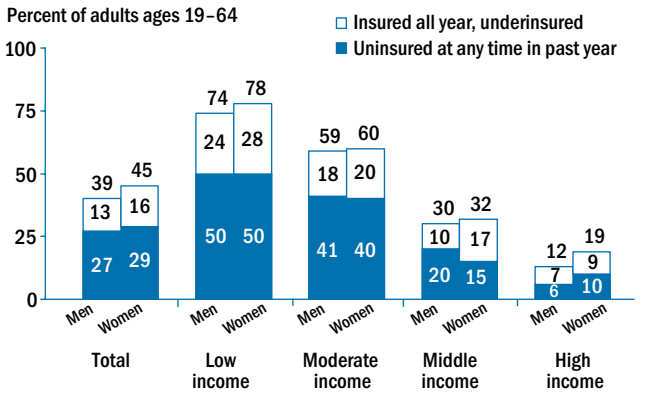
Figure 1. Seventy Percent of Adult Women Under Age 65 Were Uninsured, Underinsured, Reported a Medical Bill Problem, or Did Not Access Needed Care in 2007



Note: Subgroups may not sum to 100% because of rounding.
Source: The Commonwealth Fund Biennial Health Insurance Survey (2007).

Over the past few years, the quality of health coverage for many Americans has eroded, leaving more and more people exposed to financial risks. According to Commonwealth Fund survey data, between 2003 and 2007 the number of adults estimated to be underinsured climbed from 16 million to 25 million.[5] This reflects both the consequences of sluggish or no growth in average real household incomes over that period and rapid growth in health care costs. While the majority of Americans receive health insurance through their employers, many firms,

Figure 2. Rates of Health Coverage Among Men and Women Were Not Significantly Different in 2007



Note: Income refers to annual income. In 2007, low income is <$20,000, moderate income is $20,000–$39,999, middle income is $40,000–$59,999, and high income is $60,000 or more. Underinsured defined as insured all year but experienced one of the following: medical expenses equaled 10% or more of income; medical expenses equaled 5% or more of income if low income (<200% of poverty); or deductibles equaled 5% or more of income. Subgroups may not sum to total because of rounding.
Source: The Commonwealth Fund Biennial Health Insurance Survey (2007).

particularly small businesses, are sharing more of their costs with their workers. Average deductibles in employer-based plans tripled between 2000 and 2008 and quadrupled for employers with fewer than 200 employees.[6] The downturn in the economy will likely increase the numbers of both uninsured and underinsured people.

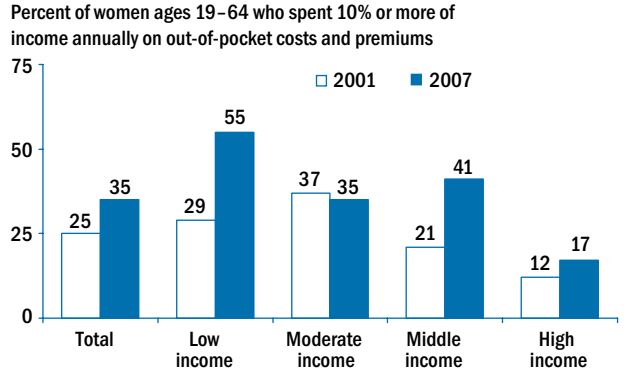
More Than a Third of Women Spent 10 Percent or More of Income on Out-of-Pocket Costs and Premiums in 2007

A growing share of women is spending a significant amount of their income on out-of-pocket costs and health insurance premiums: more than one-third (35%) of working-age women spent 10 percent or more of their income on these expenses in 2007 (Figure 3). Similarly, 31 percent of men spent a large share of their income on medical expenses in 2007 (data not shown). Between 2001 and 2007, the share of women allocating large portions of their income to health care costs has risen significantly. In 2001, 29 percent of women with incomes less than $20,000 spent 10 percent or more of their income on out-of-pocket costs and premiums; in 2007, that number rose to 55 percent—over half of all women in this income category. However, the increase was not limited to women with lower incomes: the share of women earning between $35,000 and $60,000 who paid high out-of-pocket costs as a share of their income almost doubled in this same period, rising from 21 percent to 41 percent. In 2007, nearly one of five (17%) women with incomes over $60,000 had high out-of-pocket costs.

Women at Risk: Many Forgo Care Because of Cost

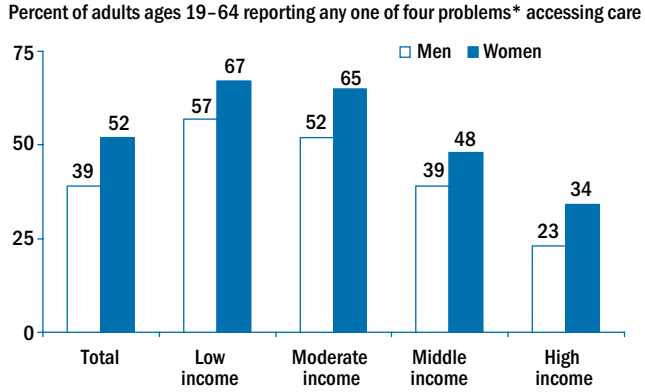
As adequate insurance moves out of reach and Americans pay more out-of-pocket for their care, large numbers of both men and women are delaying or avoiding necessary care. The survey asked whether, because of cost, respondents had not filled a prescription; skipped a medical test, treatment, or follow-up visit recommended by a doctor; not visited a doctor or clinic when they had a medical problem; or did not get needed specialist care in the past year. Even though women and men reported similar rates of insurance coverage and women have only slightly higher rates of out-of-pocket spending as a share of their incomes than men, they are significantly more likely to report delaying or avoiding needed care because of cost. More than half (52%) of women experienced any of these problems, compared with 39 percent of men (Figure 4).[7] Women were also more likely to forgo preventive services because of cost: nearly half (45%) of women delayed or did not receive a cancer screening or dental

Figure 3. Over Half of Low-Income Women Spent 10 Percent or More of Their Income on Out-of-Pocket Costs and Premiums in 2007



Note: Income refers to annual income. In 2001, low income is <$20,000, moderate income is $20,000–$34,999, middle income is $35,000–$59,999, and high income is $60,000 or more. In 2007, low income is <$20,000, moderate income is $20,000–$39,999, middle income is $40,000–$59,999, and high income is $60,000 or more.
Source: The Commonwealth Fund Biennial Health Insurance Surveys (2001 and 2007).

Figure 4. More Than Half of Adult Women Under Age 65 Experienced Problems Accessing Care in 2007



* Did not fill a prescription; did not see a specialist when needed; skipped recommended medical test, treatment, or follow-up; had a medical problem but did not visit doctor or clinic.
Note: Income refers to annual income. In 2007, low income is <$20,000, moderate income is $20,000–$39,999, middle income is $40,000–$59,999, and high income is $60,000 or more.
Source: The Commonwealth Fund Biennial Health Insurance Survey (2007).

exam because of its cost, as opposed to 36 percent of men (Table 2).

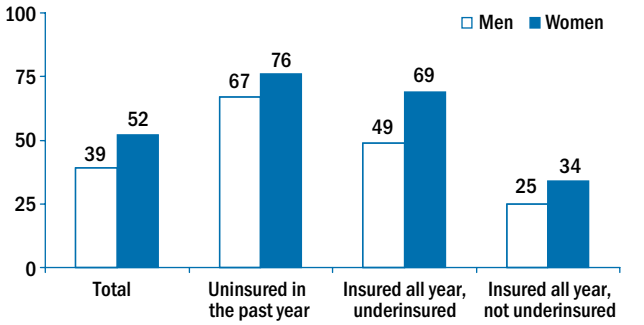
Differences between men and women who reported problems accessing needed care persisted across all income groups, but were widest among adults with moderate incomes. Sixty-five percent of women with incomes between $20,000 and $39,999 experienced access problems because of cost, which is almost as high as the rate reported by women with low incomes (Figure 4). Men with moderate incomes fared only somewhat better than their female peers, with 52 percent reporting cost-related access problems. Women with higher incomes also reported higher rates of access problems than their male counterparts: 34 percent of women with income of $60,000 or more reported cost-related problems getting needed care, compared with 23 percent of men.

A recent analysis of the Commonwealth Fund Biennial Health Insurance Surveys over the 2001–2007 period found that the share of adults facing difficulties accessing needed care because of cost rose dramatically. This trend, driven by rising health care costs, loss of adequate health insurance, and sluggish income growth, is likely to worsen with the economy in recession.[8]

While men and women were uninsured and underinsured at similar rates in 2007, the lack of adequate coverage had a somewhat greater effect on women's ability to get the care they need. Nearly 70 percent of women who were insured all year but still underinsured reported cost-related problems getting needed care, compared with about half of men who were underinsured. Women who were underinsured reported cost-related access problems at nearly the same rates as women who were uninsured for all or part of the year (Figure 5). Even when women were adequately insured all year, one of three still reported a cost-related problem accessing needed care.

Women who were uninsured for some time in the past year or underinsured also reported high rates of delaying or avoiding preventive care because of its cost (66% and 62%, respectively) (Table 2). Even though most underinsured women have a regular source of care, they skimp on preventive cancer screenings: only 67 percent of underinsured women over the age of 50 received a mammogram in the past two years, compared with 85 percent of adequately insured women. This suggests that their inadequate coverage may deter them from seeking care.

Figure 5. Inadequate Coverage Had a Greater Impact on Ability to Access Needed Care for Women Than for Men in 2007



* Did not fill a prescription; did not see a specialist when needed; skipped recommended medical test, treatment, or follow-up; had a medical problem but did not visit doctor or clinic.
Note: Income refers to annual income. In 2007, low income is <$20,000, moderate income is $20,000–$39,999, middle income is $40,000–$59,999, and high income is $60,000 or more.
Source: The Commonwealth Fund Biennial Health Insurance Survey (2007).

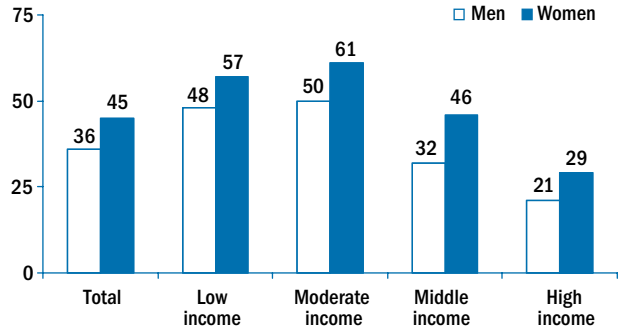
More Women Than Men Are Burdened by Medical Bills and Medical Debt

Women, as more frequent users of the health care system, are somewhat more at risk than men of experiencing problems with medical bills or accruing medical debt over time.[9] The survey asked respondents whether they had any difficulty paying or were unable to pay medical bills, were contacted by a collection agency for unpaid medical bills, had to change their way of life to pay bills, or were paying off medical debt over time. Forty-five percent of women reported at least one of these problems paying medical bills, compared with 36 percent of men (Figure 6).

Both men and women across the income spectrum experienced problems paying medical bills or paying off medical debt over time, but women were more affected. About three of five women with low or moderate income reported medical bill problems or debt, as did nearly half (46%) of women with somewhat higher incomes, compared with about 50 percent and 32 percent of men, respectively. Even in households

Figure 6. Women Reported High Rates of Medical Bill Problems and Medical Debt in 2007

Percent of adults ages 19–64 reporting problems with medical bills or paying off medical debt over time



Note: Income refers to annual income. In 2007, low income is <$20,000, moderate income is $20,000–$39,999, middle income is $40,000–$59,999, and high income is $60,000 or more.
Source: The Commonwealth Fund Biennial Health Insurance Survey (2007).

earning $60,000 or more per year, significantly more women than men had medical bill problems.

The problem of medical debt has been rising over time and is certain to be exacerbated by job loss and greater cost-sharing in employer-based insurance plans during the current economic downturn. According to a recent analysis of the Commonwealth Fund Biennial Health Insurance Surveys, between 2005 and 2007 the proportion of working-age adults who struggled to pay medical bills and accumulated medical debt climbed from 34 percent to 41 percent; this increase occurred across all income groups.[10] Considering the worsening economy and the relatively short timeframe in which the increase occurred, medical debt burdens are likely on the rise.

Difficulties dealing with medical bills and accrued debt are especially common for men and women who lack adequate health insurance, but women are most affected. Two-thirds of underinsured or uninsured women reported medical bill problems or debt, compared with about half of underinsured and uninsured men (Table 3). Underinsured women with medical bill or debt problems tend to have low to moderate incomes and are more likely than their male counterparts to be single with children (both underinsured men and women had similar health status) (data not shown). Lower incomes and higher demand for health care, for both themselves and their children, put women at greater risk than men for incurring large medical expenses. When men and women are adequately insured, they have similarly low rates of problems with medical bills or accrued debt.

When faced with the burden of medical bills and paying off medical debt over time, many survey respondents were forced to make difficult tradeoffs. The survey found that one-third (32%) of women and one-quarter (24%) of men had been unable to pay for basic necessities such as food, heat, or rent; had used up all their savings; had taken out a mortgage or loan against their home; or had taken on credit card debt because of medical bills (Table 3). The tradeoffs were more common for those who were underinsured or uninsured for a time during the year: over half (55%) of underinsured women and 46 percent of uninsured women had made one of these choices in the past two years. Similarly, underinsured and uninsured men were more likely than adequately insured men to have made one of these tradeoffs, although such decisions were somewhat less common among men than women.

Women who have medical bill problems or who are paying off medical debt over time are more likely to delay or forgo needed care because of its cost than women without such problems. Four of five (79%) women with medical debt or problems with medical bills reported not pursuing needed health care because of its cost (data not shown). In contrast, among women without such problems, 29 percent did not pursue needed care because of its cost. Thus, those with medical bill problems or debt appear to be more cautious in incurring more medical bills, even at the expense of needed and recommended care. Women who are avoiding needed or recommended care could potentially find themselves much sicker and in greater need of health care services in the future.

CONCLUSION AND RECOMMENDATIONS

This analysis finds that even before the economy entered recession, growing numbers of adults were going without adequate health insurance, having medical bill problems, and avoiding or delaying care because of the cost. Because women require more health care services than men, and have lower average

incomes, they are exposed to a higher health care cost burden. As a consequence, they have cost-related difficulties accessing needed health care and incur medical bill problems at higher rates than men. The experiences of U.S. women highlight the fragmentation and failings of the the nation's health care system.

The downturn in the economy and the associated loss of jobs and health benefits have only underscored the urgency of health reform. Employers, particularly small businesses, are increasingly hard-pressed to offer benefits to their workers. Loss of coverage and greater cost-sharing expenses will exacerbate disparities between men and women, or between those who regularly use the health care system and those who use it less often.

The Commonwealth Fund Commission on a High Performance Health System recently released its recommendations for insurance, payment, and health system reforms.[11] A key component of the proposal is the creation of a national health insurance exchange that would offer a mix of public and private insurance plans, achieving near-universal coverage within a few years of implementation. As shown in this analysis, health benefit designs must offer cost protection, as even those who are insured all year, if their coverage is inadequate, will likely be exposed to costly medical bills and debt and may delay or forgo care. Reform policies that would expand access to affordable, high-quality coverage are therefore critical—for women and men, and the families they care for.

Notes

1 S. R. Collins, S. B. Berkson, and D. A. Downey, *Health Insurance Tax Credits: Will They Work for Women?* (New York: The Commonwealth Fund, Jan. 2003).

2 E. M. Patchias and J. Waxman, *Women and Health Coverage: The Affordability Gap* (New York: The Commonwealth Fund, April 2007); A. Ho, S. R. Collins, K. Davis, and M. M. Doty, *A Look at Working-Age Caregivers' Roles, Health Concerns, and Need for Support* (New York: The Commonwealth Fund, Aug. 2005); Agency for Healthcare Research and Quality, "Total Health Services-Mean and Median Expenses per Person with Expense and Distribution of Expenses by Source of Payment: United States, 2005," Medical Expenditure Panel Survey Component Data. Generated interactively, Oct. 9, 2008.

3 "Underinsured" is defined as having health insurance all year and having medical expenses, excluding premiums, that represent 10 percent or more of income (5 percent or more of income if household income is below 200 percent of the federal poverty level) or a deductible that represents 5 percent or more of income. See C. Schoen, S. R. Collins, J. L. Kriss, and M. M. Doty, "How Many Are Underinsured? Trends Among U.S. Adults, 2003 and 2007," *Health Affairs* Web Exclusive, June 10, 2008: w298–w309.

4 All reported differences are statistically significant at $p < 0.05$ or better, unless otherwise noted.

5 Schoen, Collins, Kriss et al., "How Many Are Underinsured?" 2008.

6 Kaiser Family Foundation, *2008 Kaiser/HRET Survey of Employer Health Benefits* accessed at: http://ehbs.kff.org/pdf/7790.pdf.

7 Difference is statistically significant when controlling for having used care in the past two years, income, insurance continuity, health status, and age.

8 S. R. Collins, J. L. Kriss, M. M. Doty, and S. D. Rustgi, *Losing Ground: How the Loss of Adequate Health Insurance Is Burdening Working Families—Findings from the Commonwealth Fund Biennial Health Insurance Surveys, 2001–2007* (New York: The Commonwealth Fund, Aug. 2008).

9 Difference is statistically significant when controlling for having used care in the past two years, income, insurance continuity, health status, and age.

10 M. M. Doty, S. R. Collins, S. D. Rustgi, and J. L. Kriss, *Seeing Red: The Growing Burden of Medical Bills and Debt Faced by U.S. Families* (New York: The Commonwealth Fund, Aug. 2008).

11 The Commonwealth Fund Commission on a High Performance Health System, *The Path to a High Performance U.S. Health System: A 2020 Vision and the Policies to Pave the Way* (New York: The Commonwealth Fund, Feb. 2009).

Table 1. Demographics and Insurance Coverage by Gender
Adults Ages 19–64

	Total	Men	Women
Total (millions)	177.0	85.5	91.5
Percent distribution	100%	48%	52%
Unweighted n	2,616	941	1,675
Insurance Status			
Insured all year	72%	73%	71%
Insured now, time uninsured in past year	10	9	11
Uninsured now	18	17	18
Insured all year, not underinsured	58	61	55
Insured all year, underinsured*	14	13	16
Any time uninsured in past year**	28	27	29
Age			
19–29	22	22	23
30–49	48	48	47
50–64	30	30	30
Race/Ethnicity			
White	67	66	68
Black	12	10	13
Hispanic	14	15	13
Asian/Pacific Islander	3	3	2
Other/Mixed	4	4	3
Income			
Less than $20,000	22	20	24
$20,000–$39,999	21	22	21
$40,000–$59,999	16	17	15
$60,000 or more	29	30	28
Poverty Status			
Below 100% poverty	14	13	15
100%–199%	19	17	21
200%–299%	15	15	14
300%–399%	15	15	15
400% poverty or more	28	30	25
Below 200% poverty	33	30	36
200% poverty or more	58	61	54
Fair/Poor Health Status, or Any Chronic Condition or Disability	44	43	44
Adult Work Status			
Full-time	57	66	48
Part-time	12	8	16
Not currently employed	31	26	36
Family Work Status			
At least one full-time worker	73	73	72
Only part-time worker(s)	8	7	9
No worker in family	19	19	19

* Underinsured defined as insured all year but experienced one of the following: medical expenses equaled 10% or more of income; medical expenses equaled 5% or more of income if low income (<200% of poverty); or deductibles equaled 5% or more of income.
** Combines currently uninsured and insured but had a time uninsured in past year, and undesignated time uninsured.
Source: The Commonwealth Fund Biennial Health Insurance Survey (2007).

Table 2. Regular Care and Medical Bill Problems by Gender
Adults Ages 19–64

				Insured all year, not underinsured		Insured all year, underinsured		Uninsured any time	
	Total	Men	Women	Men	Women	Men	Women	Men	Women
Total (millions)	177.0	85.5	91.5	52.1	50.2	10.7	14.5	22.7	26.8
Percent distribution	100%	48%	52%	29%	28%	6%	8%	13%	15%
Unweighted n	2,616	941	1,675	563	972	111	223	267	480
Has a regular source of care	78%	75%	80%	86%	89%	82%	86%	48%	60%
Received Pap test in past year if 19–29; past 3 years if 30+	—	—	78	—	86	—	76	—	63
Received mammogram in past 2 years if 50+	—	—	74	—	85	—	67	—	45
Access Problems in Past Year									
Went without needed care in past year due to costs:									
Did not fill prescription	31	25	36	15	23	36	53	42	53
Skipped recommended test, treatment, or follow-up	25	20	30	11	16	25	40	40	51
Had a medical problem, did not visit doctor or clinic	31	28	34	15	15	37	45	53	63
Did not get needed specialist care	20	19	21	10	8	21	27	37	40
At least one of four access problems due to costs	45	39	52	25	34	49	69	67	76
Delayed or did not get preventive care in past year due to costs:									
Screening, such as mammogram or colon cancer	18	16	21	7	9	16	23	36	42
Dental care	39	34	42	22	27	39	60	61	61
Yes to either	41	36	45	24	30	41	62	63	66

Note: Underinsured defined as insured all year but experienced one of the following: medical expenses equaled 10% or more of income; medical expenses equaled 5% or more of income if low income (<200% of poverty); or deductibles equaled 5% or more of income.
Source: The Commonwealth Fund Biennial Health Insurance Survey (2007).

Table 3. Access Problems by Gender and Insurance Status
Adults Ages 19–64

				Insured all year, not underinsured		Insured all year, underinsured		Uninsured any time	
	Total	**Men**	**Women**	**Men**	**Women**	**Men**	**Women**	**Men**	**Women**
Total (millions)	177.0	85.5	91.5	52.1	50.2	10.7	14.5	22.7	26.8
Percent distribution	100%	48%	52%	29%	28%	6%	8%	13%	15%
Unweighted n	2,616	941	1,675	563	972	111	223	267	480
Medical Bill Problems in Past Year									
Had problems paying or unable to pay medical bills	27	23	31	12	14	35	50	43	52
Contacted by collection agency for unpaid medical bills	16	12	19	6	9	18	27	23	33
Had to change way of life to pay bills	18	15	21	8	8	21	39	28	35
Any bill problem	33	29	37	16	20	47	57	51	60
Medical bills/debt being paid off over time	28	24	31	17	21	39	52	32	40
Any bill problem or medical debt	41	36	45	23	29	54	67	56	65
Percent reporting that the following happened in the past 2 years because of medical bills:									
Unable to pay for basic necessities (food, heat, or rent)	13	11	14	4	5	13	22	26	26
Used up all of savings	18	16	20	9	9	25	33	29	34
Took out a mortgage against your home or took out a loan	4	3	6	2	3	3	11	6	8
Took on credit card debt	14	13	15	9	10	18	28	18	19
Yes to any of the above	28	24	32	15	17	36	55	40	46

Note: Underinsured defined as insured all year but experienced one of the following: medical expenses equaled 10% or more of income; medical expenses equaled 5% or more of income if low income (<200% of poverty); or deductibles equaled 5% or more of income.
Source: The Commonwealth Fund Biennial Health Insurance Survey (2007).

About This Study

Data for this study were drawn from the Commonwealth Fund 2007 Biennial Health Insurance Survey, conducted by Princeton Survey Research Associates International from June 6 through October 24, 2007. The survey consisted of 25-minute telephone interviews in either English or Spanish with a random, national sample of 3,501 adults, ages 19 and older, living in telephone households in the continental United States. This issue brief is based on the responses of 2,616 adults ages 19 to 64, including 941 males and 1,675 females. To represent the adult population, the data were weighted by age, sex, race/ethnicity, education, household size, and geographic region, using the U.S. Census Bureau's 2006 Annual Social and Economic Supplement. The survey had a 45 percent response rate (calculated according to the standards of the American Association for Public Opinion Research) and an overall margin of sampling error of +/− 2 percentage points at the 95 percent confidence level.

About the Authors

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