

A Case for Solidarity

Common Challenges Involving Health and Health Care in the United States

Stan Dorn

Overview

New research reveals that, among both whites and people of color, in rural and urban areas alike, working-class women are particularly likely to experience serious problems with poor health and unaffordable health care.

Much of the national dialogue about race, ethnicity, and class increasingly creates divides between communities. To shed light on the underlying facts, Families USA sponsored original research to learn what happens to health and health care at the intersection of race, ethnicity, class, gender, and place. We found startling commonalities across many of these demographic groups as well as important differences. Unsurprisingly, our analysis confirmed years of research showing that people of color have an increased risk of poor health. But some of what we found was new.

Perhaps our most significant and surprising finding is this: working-class women, across lines of race, ethnicity, and geography, face particularly high risks of serious physical and mental health problems, which grew rapidly during recent decades. This sends a powerful signal that U.S. public policy has been failing these women.

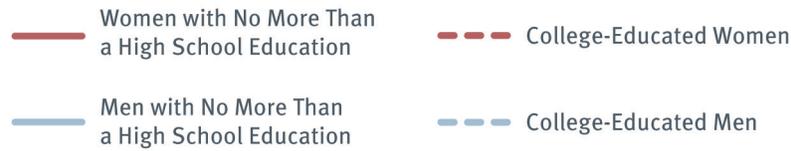
In 2011-2013, serious physical and mental health problems were 3.5 times as common for working-class women as for college-educated men:

- » One in 6 working-class women (16.7 percent) spent at least 14 days out of the month in poor physical health, compared with fewer than 1 in 20 college-educated men (4.7 percent).
- » Nearly 1 out of every 5 working-class women (19.1 percent) experienced 14 or more days of poor mental health per month. The same was true for only 1 in 18 college-educated men (5.5 percent).

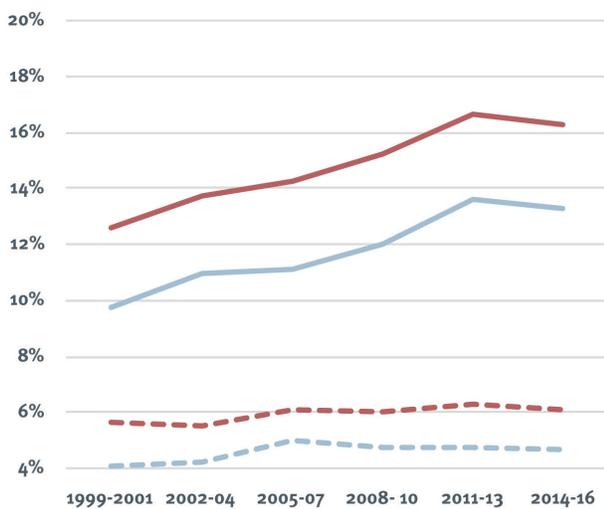
For more than a decade, the problems facing working-class women and the disparities between such women and college-educated men grew at a rapid rate:

- » From 1999-2001 to 2011-2013, the proportion of working-class women who spent at least 14 days out of the month in poor health rose by 32 percent for physical health problems and 27 percent for mental health problems.

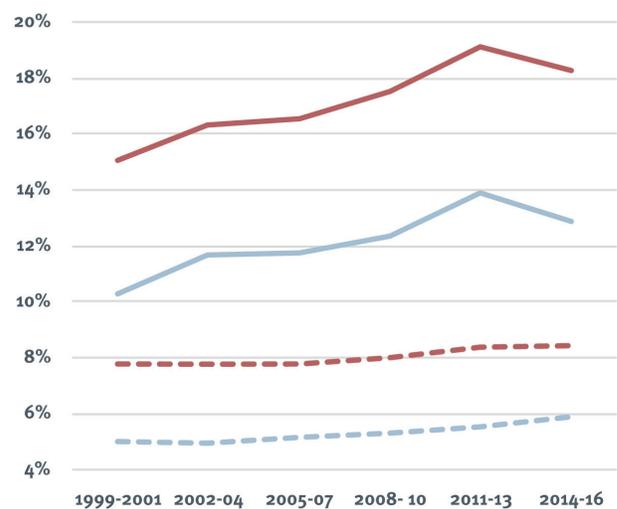
The percentage of adults under age 65 with 14 or more days of poor health the previous month



Poor Physical Health



Poor Mental Health



Source: Families USA-commissioned analysis of Behavioral Risk Factor Surveillance System (BRFSS) data, 1999-2016. Figure displays three-year averages.

- » Over that same period, the gulf between the poor health experienced by working-class women and the better health enjoyed by college-educated men grew by 36 percent for serious physical health problems and by 40 percent for serious mental health problems.

Major health problems experienced by working-class women are broadly shared across lines of race, ethnicity, and geography. As of 2014-2016:

- » Among whites, serious physical health problems are 3.5 times as common for working-class women as for college-educated men in both rural and urban areas.
- » With African-Americans, serious physical health problems are more than 2.5 times as frequent for working-class women as for college-educated men in both rural and urban areas.

Other Key Findings from the Families USA Report

- » **Working-class women experience serious disadvantages involving financial access to care.** In 2011-2013, working-class women were more than three times as likely to go without doctor visits because of cost as were college-educated men. Fully 27.7 percent of working-class women — more than 1 in 4 — encountered this financial barrier. The same was true for only 7.8 percent of college-educated men, or fewer than 1 in 12.
- » **The impact of working-class status can be overwhelmed by the fundamental and continuing impact of living as a person of color in the U.S.** Among adults ages 55-64, for example, diabetes rates are higher for African-Americans with a college degree than for whites with a high school education or less. As another example, asthma is one-third more common among the children of college-educated African-Americans than the children of white parents whose education never went beyond high school.

- » **Working-class families are highly diverse.** Defying common stereotypes, fewer than 1 in 8 working-class adults (12.3 percent) are whites who live in rural communities. Nearly half (47.4 percent) are people of color, and most (83.7 percent) live in urban or suburban areas.
- » **People who live in rural areas are more likely to experience problems with health and health care, but other demographic factors matter more.** Class-based differences in the likelihood of experiencing serious health problems are substantially greater than the differences associated with place of residence. And while those who live in rural areas are more likely than city residents to go without physician care because of cost, race and ethnicity are much more strongly associated with encountering this financial barrier to care.

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- » For Latinos, serious physical health problems are 1.5 times as likely for working-class women as for college-educated men in rural areas and 2.4 times as common in urban areas.

Given the well-documented relationship between health status and social and economic circumstances, the serious health problems experienced by working-class women likely reflect such women's underlying life challenges that public policy has neglected for far too long (see figure on page 2).

In 2014, when the Affordable Care Act's (ACA) main health insurance expansions took effect, the percentage of working-class women and men with serious health problems began to decline, across racial and ethnic lines. This same period saw the yawning gap between working-class women and college-educated men stop growing and start narrowing, for both whites and people of color. The remaining gaps show the need for further bold action, both to improve access to care and to address underlying social and economic conditions that are the most important determinants of health and well-being.