GENERAL HEALTH CONDITIONS AND
MEDICAL INSURANCE ISSUES
CONCERNING BLACK WOMEN

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In the last 30 years the health status of black women has improved. However, the likelihood of health problems from complications of pregnancy and childbirth or prolonged illness from combined effects of diabetes, hypertension, and obesity remains. The need for continuity of care for these conditions and the low economic status of black women suggest that current policy shifts away from emphasis on increased access to medical care will adversely affect the health status of black women. Policies to contain health-care costs should therefore be designed to assure appropriate access to needed care for black women and other low-income groups.

Black women represent a sizable portion of the population and make significant economic contributions. Based on recent estimates from the U.S. Bureau of the Census, in 1984 black females accounted for 12.4% of the total female population and 52.5% of the black population. Approximately 41% of all black families are headed by women with no husband present, and in 1981 the median income of these families was $7,506. The median income was $13,380 for the subset of these families in which the woman household head was able to work “year-round, full-time”—a 78.3% difference. Black families headed by males with the wife in the paid labor force earned a median income of $25,040; those in which the wife was not in the paid labor force had a median income of $12,341. Although many factors affect the decision to participate in the labor force, whether black women are healthy enough to engage in productive work is vital to the social and economic well-being of the black family.

The need for concern over the health status of black women is height-
Slipping Through the Cracks

ened by current public policy shifts away from increasing access, a major health issue during the 1960s and much of the 1970s, toward the goal of containing costs. This shift will ultimately reduce access to care and utilization of medical services. The intellectual basis for this policy change is provided by the argument that in the United States there is substantial overutilization of medical services. Therefore, by implementing changes in medical insurance that reduce utilization, health care costs can be reduced without adverse effects on health status. A basic issue facing black people today is whether the health status of black women will in fact not be adversely affected by this shift in policy.

Our analyses lead to the conclusion that policies that focus on cost containment at the expense of access to care are not in the best interest of black women. The rationale for this conclusion is related to three issues—the particular health needs of black women, the pattern of health care utilization exhibited by black people, and the low economic status of black women. Low income makes black women reliant on public insurance programs such as Medicare and Medicaid, where policy changes are being aggressively implemented.

The objective of this article is to assess the impact of public health insurance and changes in health insurance policy on the health status of black women. To accomplish this objective, the article will first discuss the health needs of black women as exemplified by their specific health problems. Subsequent discussion will focus on the relationship between health status and utilization of medical services, and the relationship between utilization of medical services and health insurance.

OVERVIEW OF GENERAL HEALTH STATUS

According to 1983 estimates published in *Health United States 1984*, black women had a life expectancy at birth of 73.8 years. This was 0.9 years shorter than life expectancy for the total U.S. population and 5.0 years shorter than that for white women. However, it was 8.6 years longer than the life expectancy for black men and 2.2 years longer than that for white men. Thus, if one uses mortality rates (deaths per unit of population) as health indicators, black women appear to be relatively healthy and have made substantial gains in health status. A downward trend in overall mortality and mortality from specific diseases reflects a substantial improvement in the health of black women over the last 30 years. From 1950 to 1981, death rates for black women from a variety of causes decreased (Table 1): heart disease by 45%, cerebrovascular disease by 63%,