

March 2021

**Narrowing the Health - Wealth Gap Among Women
in LA County**
Report and Recommendations

Los Angeles County Commission for Women
Health Committee



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Introduction

The Los Angeles County Commission for Women (LACCW) advocates on behalf of women throughout the County. The overall goal of the LACCW's Health Committee is to narrow the health-wealth divide and advance women's health and financial equity. The aim is to promote policies, programs, and partnerships that lead to women's self-sufficiency, economic security, and optimal wellbeing.

Health Committee Goals

Health and wealth are inextricably linked, evidenced by how an illness, injury, hospitalization, disability, and intimate partner violence can lead to financial insecurity, especially for low-to-moderate income (LMI) women. Being derailed by health and/or financial hardships can contribute to multiple health problems, often leading to a downward spiral for women, families, and the community at large.

LACCW is examining the intersection of health and finances to understand the financial challenges and choices LMI women face in making decisions regarding their health and finances. In identifying best practices in financial coaching and adopting healthy lifestyles, LACCW has begun examining leading models in promoting healthy eating and active living, compliance with medical regimes and medications, and sound financial and money management strategies. By synthesizing this information, LACCW plans to recommend proven methods in how LA County can close the health-wealth gap.

Snapshot of Women in California and Los Angeles

In 2020, the California Budget and Policy Center published the *Women's Well-Being Index*.¹ In scoring women's wellbeing on a scale of 0 – 100, Los Angeles received a composite score of 55.1 and ranked 27th out of the 58 counties. Women in LA County were ranked 54th for healthcare coverage with 12.9% being uninsured between 2014 - 2018. Additionally, 39.3% of women living in LA County do not believe that the market rent was fair for a single mother's median income.¹

According to the 2019 *The Intersections: Identity, Access and Equity Report*² nearly 5.2 million or 13% of Californians have an annual income less than the federal poverty level (FPL) of \$12,500 per individual or \$25,000 for a family of four. Approximately 28% of impoverished women living in California are under the age of 18 and 12% are over the age of 65. In LA County, 37.5% of women were low wage earners in the years 2014-2018 with about 15.8% living in poverty and 41.9% experiencing food insecurity.¹

According to the 2019 California Health Interview Survey, Latina women made up 46.2% of the insured women and 73.7% of the uninsured women in LA County. In LA County,

¹ Kristin Schumacher, [Woman's Well – Being Index from California Policy Report](#) (Sacramento, CA: California Budget and Policy Center, 2020).

² Center for the Advancement of Women, [The Intersection: Identity, Access and Equity Report](#) (Los Angeles, CA: Mount Saint Mary's University, 2019).

45.5% of women were employed full-time, 11.5% were employed part-time, and 43.1% were unemployed. Furthermore, 52.8% of women in LA County had an annual household income of less than \$50,000.³

Women and COVID-19

The impact of COVID-19 on women has been most pronounced for women of color who work in low-paying jobs, like food services and retail, where they face a higher risk of exposure to the coronavirus and are at risk for job loss, reduction in hours and/or benefits.⁴

Unfortunately, women who work in these industries are losing their jobs at a significant rate with women accounting for up to two thirds of those receiving unemployment benefits.³ During the first three months of the COVID-19 recession, employment for Black and Latina women fell 20%, according to a report from the California Budget and Policy Center California.⁵

Additionally, unemployment is affecting access to basic benefits by leaving millions without healthcare coverage and food insecure. It is reported that more than 40% of women with children under the age of 12 have faced food insecurity since the start of the COVID-19 pandemic in the U.S.⁶ While coronavirus testing is free in the US, the treatment services are not. Women account for a majority of the service industry employees, an industry that puts them at higher risk of exposure.³ Even if they have young children, they are more likely to work and be the household breadwinners.³

Narrowing the Health – Wealth Gap for Women of Color During COVID-19 and Beyond

LACCW held a virtual forum on October 28th, 2020 attended by 214 stakeholders to hear from public health and community development leaders about successful approaches in closing the health-wealth gap. The recurring themes focused on the reverberating impact of the pandemic on LMI women and their families and the challenges faced in responding to their multiple short- and long-term needs. A synopsis of information presented is described below:

New Economics for Women’s (NEW) presentation highlighted the impact COVID-19 has had on women’s economic mobility due to loss of wages/employment and benefits. NEW has been proactive in providing financial assistance for food, housing and utilities,

³ [2019 California Health Interview Survey](#) (Los Angeles, CA: UCLA Center for Health Policy Research, 2020).

⁴ Dominique Derbigny, [On the Margins: Economic Security for Women of Color through the Coronavirus Crisis and Beyond](#) (Closing the Women’s Wealth Gap, 2020).

⁵ Alissa Anderson, [Women and People of Color Take Biggest Hits in California’s Job Losses](#) (Sacramento, CA: California Budget and Policy Center, 2020).

⁶ Lauren Bauer, [The COVID-19 Crisis Has Already Left Too Many Children Hungry in America](#) (Washington, D.C.: Brookings, 2020).

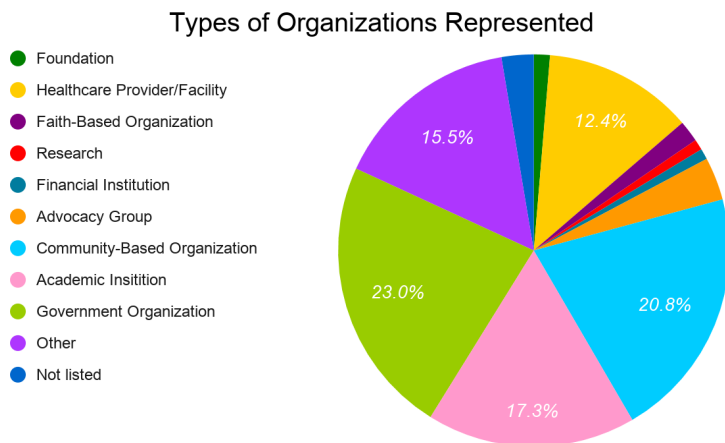
addressing the digital divide, opening a women’s business center, providing virtual tutoring for children, and conducting virtual case management.

L.A. Care Health Plan reported that approximately 35,000 or 13% of the total COVID-19 cases in LA County are LA Care members yet as of October 2020, accounted for 17% of deaths. Examples of interventions to support their members include creating an outreach campaign, promoting their nurse advice line to limit in person healthcare visits, providing telehealth medical appointments, and distributing remote health monitoring equipment to high-risk members.

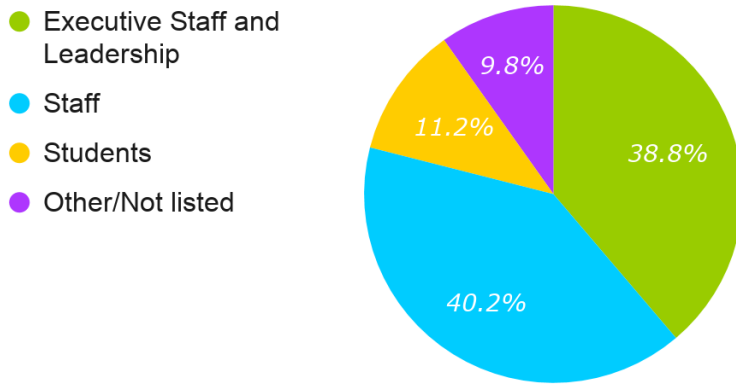
The **Federal Reserve Bank of San Francisco** is engaged in research on structural inequities resulting in poor birth outcomes, with a focus on African American/Black women and the impact of intergenerational toxic stress. It is critical to address structural racism and mitigate biases that get embedded into institutions and policies for women to achieve their full economic potential, reverse poor birth outcomes, and to pave the way for a stronger workforce.

Haven Neighborhood Services is providing no-cost financial coaching to help LMI women with the financial fallout of the pandemic. Their virtual workshops and counseling is addressing eligibility and accessing public benefits, first time home buying, credit, and housing and food insecurity. Common financial struggles during COVID-19 include being unable to cover costs for monthly bills and expenses, lacking basic tax management skills, and overcoming ineffective money management behaviors.

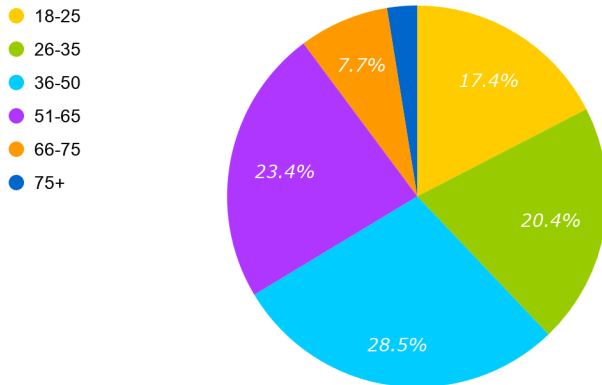
Below is a profile of the forum participants:



Job Titles of Participants

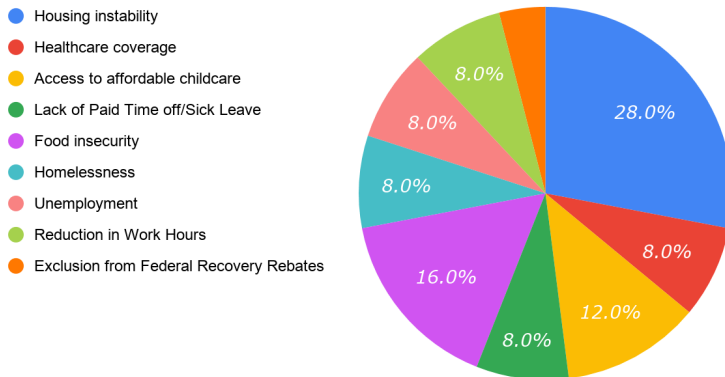


Age-Range of Participants



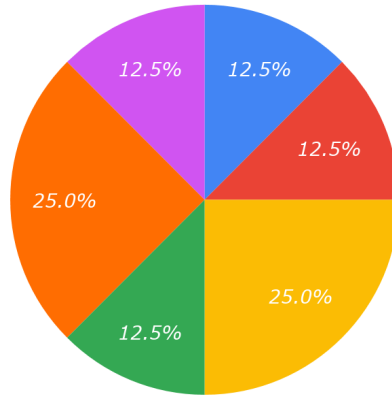
Top Three Challenges Faced by Women Assisted by Organizations Attending Forum:

Top Challenge



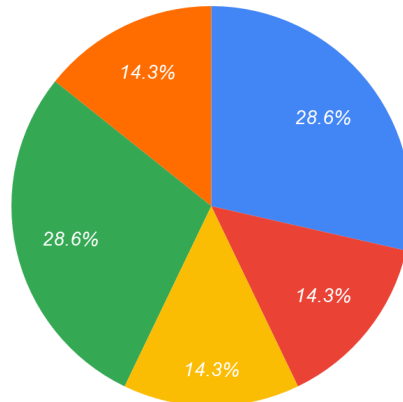
2nd Challenge

- Housing instability
- Student Loan Debt
- Lack of Paid Time off/Sick Leave
- Homelessness
- Unemployment
- Exclusion from federal recovery rebates



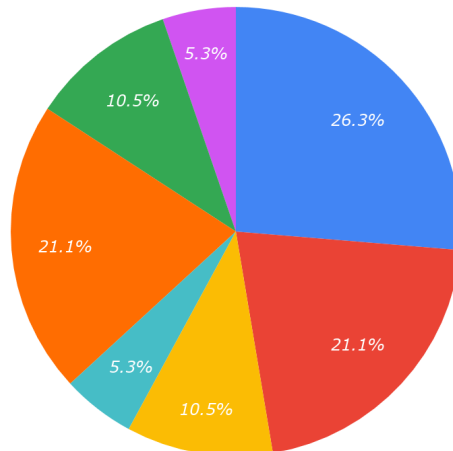
3rd Challenge

- Healthcare Coverage
- Access to affordable childcare
- Food insecurity
- Homelessness
- Reduction in Work Hours



Assistance Provided by Community Organizations:

- Virtual personalized resource and referral services
- Mental health assistance
- Financial assistance
- Health Prevention Programming
- Housing Subsidies/Assistance
- Patient navigation guidance in finding a medical home and/or health care coverage
- Food Assistance



Healthcare Inequities

Health insurance is a critical protection against financial hardship due to medical care costs and debt. Even as insurance coverage improves, financial vulnerability combined with no (or inadequate) coverage, or excessive medical costs, can lead to significant financial hardship and its consequences include bankruptcy, housing instability, and becoming unhoused.⁷

Researchers also found that women are more likely than men to skip a recommended medical test or treatment due to cost. In a 2017 survey, 20% of women said they did so in the last year, compared to 15% of men. Additionally, 17% of women surveyed said they did not fill a medication prescription, cut, or skipped medication doses in the last year, while 12% of men said they had done the same.⁸

Furthermore, many women between the ages of 18 and 35 are likely to not have a regular clinician, which results in delayed care. Women without regular clinicians are also less likely to receive preventative care services like mammograms, pap smears and more.⁹

There are also racial disparities present when evaluating the cost of healthcare for women. Compared to white women, Black women are 1.7 times more likely to be uninsured in 2018 and 2.3 times less likely to receive private insurance.¹⁰ Additionally, Black women, when compared to white women, are two times less likely to receive coverage for childbirth and 1.4 times more likely to have health insurance discontinued between preconception and postpartum.¹⁰

Economic Disparities

Ethnic Inequities

With respect to differential effects by gender, women constitute a larger proportion than men of workers either at or below minimum wage.¹⁰ Reported in *The Report on the Status of Women and Girls in California 2020*, California women earn only 88% of what men make.¹¹ In reference to the report *No Going Back: Together for an Equitable and Inclusive Los Angeles*, women were likelier to file for unemployment.¹² As stated by the report

⁷ UCLA Science Policy Group, [Racism is a Public Health Problem Infographic](#) (Los Angeles, CA: UCLA Science Policy Group, 2020).

⁸ Los Angeles County Department of Public Health, [Health Indicators for Women in Los Angeles County \(Los Angeles, CA: Los Angeles County Department of Public Health Office of Women's Health and Office of Health Assessment & Epidemiology, 2017\)](#).

⁹ Kelly Gooch, [Healthcare financial burden heavier for women, analysis finds](#) (Becker's Healthcare, 2019).

¹⁰ Kimberly Danae Cauley Narain & Frederick J. Zimmerman, [Examining the association of changes in minimum wage with health across race/ ethnicity and gender in the United States](#) (BMC Public Health, 2019).

¹¹ Center for the Advancement of Women, [The Report on the Status of Women and Girls in California 2020](#) (Los Angeles, CA: Mount Saint Mary's University, 2020).

¹² USC Equity Research Institute & Committee for Greater LA & UCLA Luskin School of Public Affairs, [No Going Back: Together for an Equitable and Inclusive Los Angeles](#) (Los Angeles, CA: USC Price: Sol Price School of Public Policy, 2020)

(published before the pandemic), 36% of Californian women filed for unemployment, 7% higher than their male counterparts. Women are likelier to take more time off from work in order to care for their family members, have less access to employment benefits, and carry a higher student debt than men.⁷ According to the Downtown Women’s Center, women who have experienced homelessness often reenter the workforce through industries such as retail, hospitality, and food services, all of which have experienced devastating impacts as a result of stay-at-home orders during the COVID-19 pandemic. At the same time, the types of entry level jobs that have grown, such as grocery and online order delivery, often rely on personal transportation, thereby precluding many women experiencing homelessness.

During the pandemic, between April-May 2020, 18.6% of LA County households were food insecure, of which 57.3% were led by women. Pandemic-related food insecurity has also resulted in unhealthy dietary changes. Many non-communicable diseases are caused by poor nutrition including obesity, heart disease, type 2 diabetes, and some cancers (CDC 2020). The County already has high levels of diet related diseases which could increase nutrition health inequities.¹³

In reporting on the businesses impacted by the pandemic, nail salons are often overlooked. Before closures, 45% of nail salon workers earned less than \$400 weekly. As of May 2020, 75% doubted they could afford food or other necessities in June 2020. Although 90% applied for unemployment benefits, nearly 50% needed assistance in applying. Only 6% of owners kept workers on the payroll.¹⁴

Credit

Women who lack access to government-issued savings and opportunities to build credit are especially at risk of theft, fraud, and loss. They are also lured by expensive financial products and services that make it harder for them to achieve financial security. A 2019 analysis by the U.S. Consumer Financial Protection Bureau found that over 80% of payday loans are rolled over or followed by another loan within 14 days. An examination of payday loan transactions in California found that 83% of loan transactions in 2016 were subsequent transactions by the same borrower.¹²

Housing Insecurity

Prior to the pandemic, In the City of Los Angeles,¹⁵ 70% of LMI women had difficulties paying rent, which increased due to the pandemic. Home ownership, which is one vehicle for wealth creation, is too costly for many in California, especially for Black and Latinx

¹³ Kayla de la Haye, et. al., [The Impact of COVID-19 on Food Insecurity in Los Angeles County: April to May 2020](#) (Los Angeles, CA: USC Price: Sol Price School of Public Policy, 2020)

¹⁴ UCLA Labor Center, [Nail Files: A Study of Nail Salon Workers and Industry in the United States](#) (Los Angeles, CA: UCLA Labor Center, 2018).

¹⁵ [2019 Los Angeles Women’s Needs Assessment](#) (Los Angeles, CA: Downtown Women’s Center, 2019).

communities. A comparison of home ownership rates found that 6 in 10 Whites as compared to 1 in 3 Blacks and 4 in 10 Latinx Californians own homes.¹⁶

Some barriers women face in building economic security include full-time employment and access to well-paying jobs with benefits.¹⁰ Women are more likely to be employed in part-time or low paying jobs that do not offer benefits, such as retirement plans, resulting in greater gaps in pay and savings as compared to men; Black women and Latinas are at much greater risk.¹⁰

According to a 2020 report published by the Greater Los Angeles Homeless Count, there are 66,436 individuals experiencing homelessness in LA County (a 12.7% rise from last year) possibly attributed to the impacts of COVID-19.¹⁷ Rates of homelessness are highest among the 25 - 54 age group (57%), followed by the 55 - 61 age group (14%), and under 18 age group (12%).¹⁴ In the United States, the number of shelter beds have decreased while the number of people experiencing homelessness has increased. The 2019 Los Angeles Women's Needs Assessment reported that in 2018 there were 2,435 more unsheltered women than there were shelter beds in programs that serve women.¹⁴ The report also noted that from 2013 to 2019, there was a 41% increase in women experiencing homelessness. The impact of COVID-19 has created an impending cliff of homelessness that will be realized when eviction moratoriums are lifted; 120,000 households in Los Angeles County face homelessness if no action is taken to intervene.¹⁸

Profile of Unhoused Women

Black women (40%), Latinas (29%) and white women (23%) make up the majority of women experiencing homelessness and approximately 70% of these women are unsheltered. The 2017 report also mentions that unsheltered women experiencing homelessness had more severe mental illnesses (37%), domestic violence experiences (35%), substance abuse (26%), and physical disabilities (20%) than sheltered women experiencing homelessness, who had lower rates of mental illness (12%), domestic violence (20%), substance abuse (5%), and physical disability (6%).⁹

Homelessness amongst the elderly and those with chronic health conditions is of special concern. Given that elderly women are disproportionately impacted by dementia and Alzheimer's, addressing their unique vulnerabilities is critical.¹⁹ California's "Project Roomkey" interim housing program during the pandemic was an ambitious plan. Initially, pregnant women were excluded as a "high risk" population. Homelessness is associated with poor birth outcomes, including the risk of the infant being removed by child protective

¹⁶ Esi Hutchful, [The Racial Wealth Gap: What California Can Do About a Long-Standing Obstacle to Shared Prosperity](#) (Sacramento, CA: California Budget and Policy Center, 2018).

¹⁷ [2020 The Greater Los Angeles Homeless Count Results](#) (Los Angeles, CA: Los Angeles Homeless Services Authority, 2020).

¹⁸ Gary Blasi, [UD Day: Impending Evictions and Homelessness in Los Angeles](#) (Los Angeles, CA: USC Luskin Institute on Inequality and Democracy, 2020).

¹⁹ Ken Sagynbekov, [The Price Women Pay for Dementia](#) (Santa Monica, CA: Milken Institute, 2019).

services.²⁰ Project Roomkey demonstrated the success that can be achieved, through cross-sector collaboration, in reducing the exposure of the unhoused community members who are most vulnerable to COVID-19. However, as Project Roomkey transitions into programs that rely on the identification of affordable housing, the need to increase the income of vulnerable women, such that they are able to obtain and sustain housing, and to make affordable housing more accessible, is more pressing than ever.

The largest barriers to housing include the amount of housing available as well as the affordability of housing in Los Angeles.¹⁴ Women experiencing homelessness are at a higher risk of experiencing violence, and women who have faced domestic violence and/or sexual assault are likelier to experience homelessness. Women who have been reported to experience chronic homelessness are at a higher risk to develop health concerns and experience adverse life events.¹⁴ Although there has been an increase in the number of women experiencing homelessness who have health insurance since the enactment of the Affordable Care Act in 2010, many have reported not utilizing a primary care physician.¹⁴ However, access to healthcare goes beyond insurance as some respondents reported a need for better coordination between healthcare and homeless services providers. Only about one third of women were able to receive a follow up with a doctor and another third had knowledge about their treatment plan.¹⁴ Therefore, even though the resources may be there, the pathways to access are not as clear.

Summary

Moving LMI women towards economic stability, self-sufficiency, and optimal wellness requires a multidimensional approach. The LACCW's Health Committee has engaged partners including community development organizations, public health agencies, affordable housing organizations, financial institutions, faith-based organizations, and healthcare institutions to address health and financial disparities through a systems-based approach and social justice lens.

²⁰ Nicole Goodsmith, [Addressing the Urgent Housing Needs of Vulnerable Women in the Era of COVID-19: The Los Angeles County Experience](#) (Los Angeles, CA: Psychiatric Services, 2020).

LACCW Health Committee Recommendations

Recommendations for Immediate Action:

1. Collaborate with organizations currently collecting data on variables related to the health-wealth gap, such as Downtown Women’s Center, to leverage resources and generate data to develop mutual strategies to close the health - wealth gap.
2. Inventory existing programs and organizations in LA County that integrate financial literacy/coaching, health education and patient navigation.
3. Identify “best practices” in and outside of LA County related to the intersection of economic stability, health access, workforce development, and health promotion and determine their replicability or expansion within LA County.

Recommendations for Longer-Range Implementation:

4. Conduct virtual focus groups with LMI women to gather data on the impact of health and financial challenges i.e. (medical debt, employment, housing, and banking).
5. Conduct virtual ‘listening sessions’ with stakeholder organizations serving LMI women to gather data on the impact of financial challenges from an organizational perspective. This will provide guidance in assessing their capacity for partnership with LACCW to pursue joint projects and funding.
6. Review LA County funded job training programs to identify those including life skills training where financial coaching and health education could be integrated.

Health Committee Members

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