



Fact Sheet

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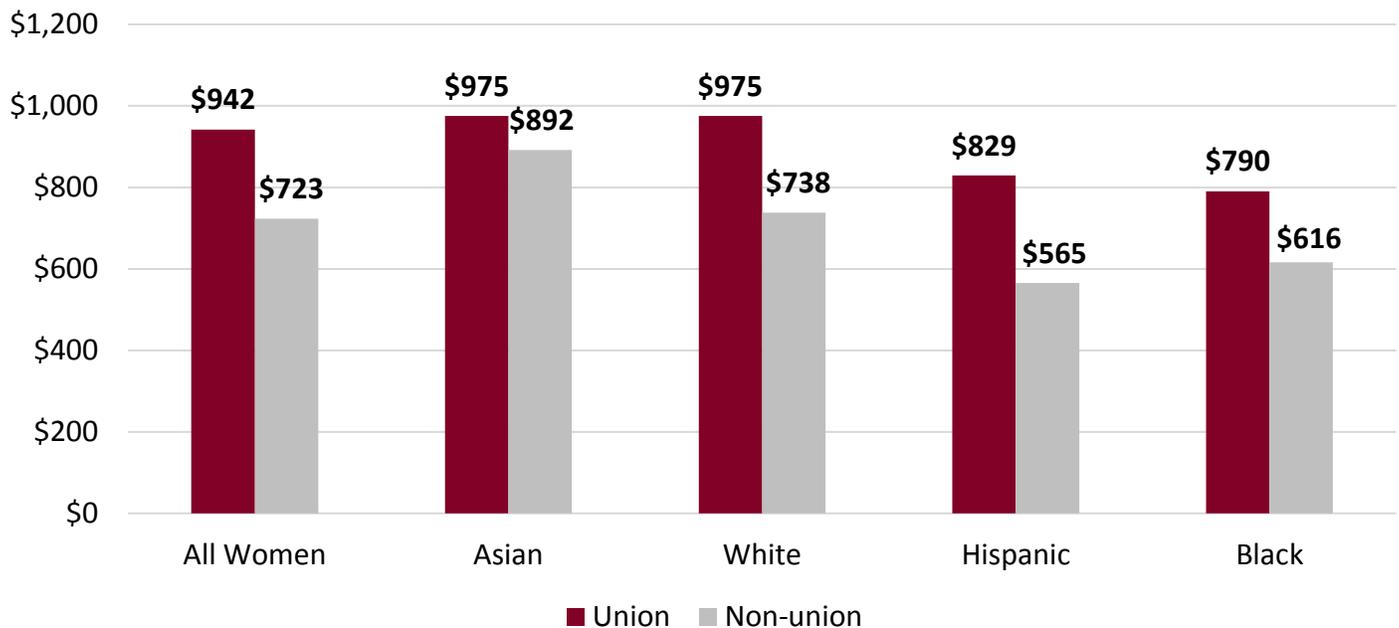
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The Union Advantage for Women

Labor unions deserve credit for many of the workplace policies that Americans now take for granted—a 40-hour work week, a minimum wage, pay for overtime, and protections from health and safety hazards—and the labor movement continues to champion state and local policies such as paid sick days and paid family leave, policies that are beneficial to all working women and families. Because hiring, pay, and promotion criteria and decisions are more transparent for union members, gender and racial bias is minimized. Women, and especially women of color, who are either affiliated with a union or whose job is covered by a union contract, earn higher wages and are much more likely to have employer-provided health insurance than women who are not in unions.

Among women working full-time, those in unions have median weekly earnings of \$942, compared with \$723 for non-union workers, an increase of \$219, or 30 percent (Figure 1). For all of the major racial and ethnic groups of women, median earnings are higher when comparing full-time workers in unions with full-time non-union workers. The earnings advantage is largest for Hispanic women. Non-union Hispanic women have the lowest earnings of any racial/ethnic group of women, \$565 weekly, but Hispanic women in unions earn \$264 more weekly, a 47 percent increase, than those who are not.

Figure 1. Union Wage Advantage for Women by Race/Ethnicity and Union Status: Median Weekly Earnings for Full-Time Wage and Salary Workers, United States, 2016

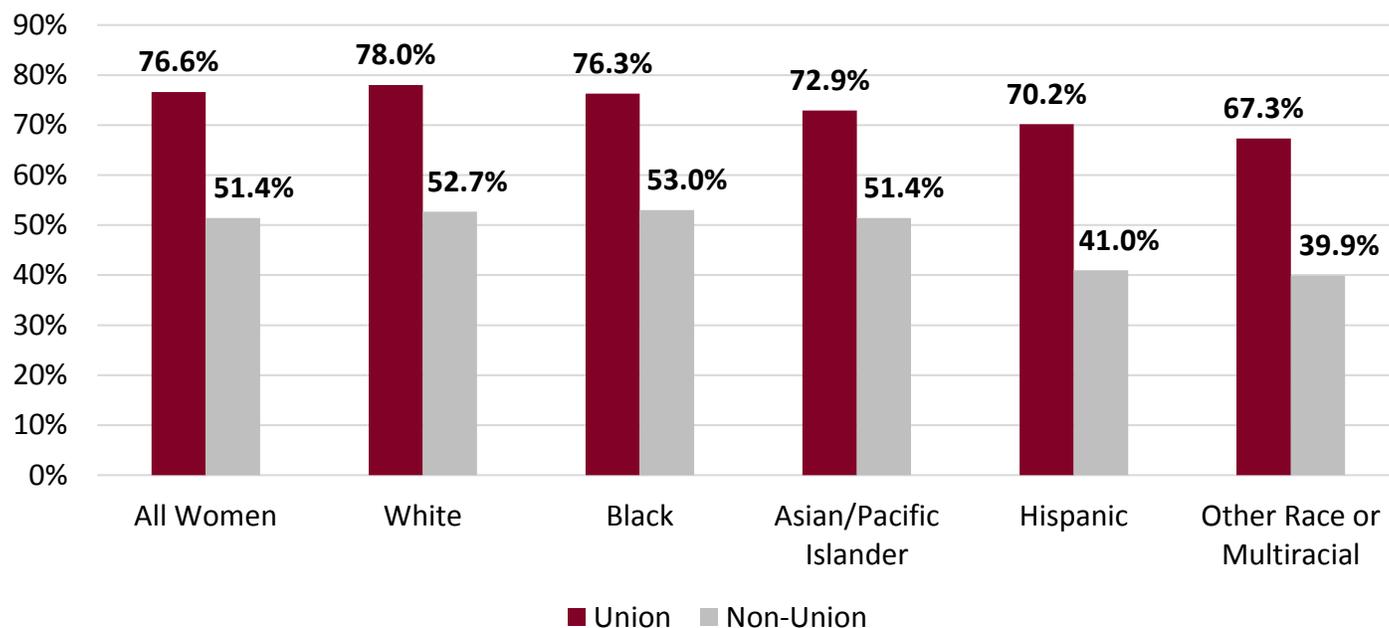


Notes: Includes those aged 16 and older. Racial categories include Hispanics, and Hispanics may be of any race. Asians do not include Pacific Islanders. Data are not available for Native Americans, Pacific Islanders, or those who identify as multiracial; they are included in “All Women.” Self-employed workers are excluded. “Union” includes workers who are covered by a union contract, irrespective of union membership.

Source: IWPR compilation of data from the outgoing rotation group of the Current Population Survey for 2016.

Women covered by a union contract are more likely to have health insurance provided by their employer or union. About 51 percent of women who are not in unions have employer-provided health insurance coverage, compared with about 77 percent of women in unions (Figure 2). White women in unions are the racial/ethnic group with the highest rate of coverage, 78 percent, followed by Black and Asian/Pacific Islander women (76 and 73 percent, respectively). The gains in health insurance are largest for Hispanic women in unions; those who are not in unions have a coverage rate of 41 percent, compared with 70 percent for those in unions.

Figure 2. Union Health Insurance Advantage for Women by Race/Ethnicity and Union Status: Employed Women with Employer- or Union-Provided Health Insurance Coverage, United States, 2013



Notes: Includes all workers aged 15 and older. Racial categories are non-Hispanics; Hispanics may be of any race. Calculated using three years of data (2012-2014, for calendar years 2011-2013). Native Americans are included in “other race or multiracial,” sample sizes are insufficient to report estimates for Native Americans separately.

Source: IWPR analysis of data from the Current Population Survey Annual Social and Economic Supplement.

Evidence indicates that health insurance coverage significantly reduces mortality and improves access to health care, use of primary and preventive care, treatment for chronic illness, self-reported health, and use of medication and surgery.¹ Those with insurance may have improved outcomes due to earlier detection of disease, improved management of chronic health issues, increased adherence to medication plans, and improved mental well-being, perhaps from knowing that a health issue does not pose as great a financial risk of large and unexpected medical costs.

Labor unions have pioneered many employment best practices. In the early 1900s, unions were among the first to provide group health insurance plans to their members, and union activism can be credited with the spread of employer-provided health insurance across the United States during and after World War II.² During World War II, employers began to use contribution to employee health benefits—which did not count as wages—as a way to get around wage controls and help stop turnover.³ In the wake of the war, employer provided health insurance and the funding of employment benefits became a central factor in the conflict with employers and led to a wave of postwar strikes, causing a major shift away from union-sponsored health centers and to employer-sponsored programs.⁴ All of this helped cement employer-provided health insurance and other benefits as part of employer compensation packages, and increased health and well-being for workers. This work continues today as labor unions champion policies that are good for women and working families.

¹ Benjamin D. Sommers, Atul A. Gawande, and Katherine Baicker. 2017. “Health Insurance Coverage and Health — What the Recent Evidence Tells Us.” *New England Journal of Medicine* 377 (6): 586–93.

² Marilyn J. Field and Harold T. Shapiro, Editors. 1993. *Employment and Health Benefits: A Connection at Risk*. Washington, DC: National Academies Press.

³ Margaret Weir, Ann Shola Orloff, and Theda Skocpol, Editors. 1988. *The Politics of Social Policy in the United States*. Princeton, N.J: Princeton University Press.

⁴ Marilyn J. Field and Harold T. Shapiro, Editors. 1993. *Employment and Health Benefits: A Connection at Risk*. Washington, DC: National Academies Press.

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