

TAKING A STAND

*Making Health Care Reform Work
for Latinas and Women of Color*



CLRJ POLICY BRIEF

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California Latinas for Reproductive Justice



access
making choice a reality

OVERVIEW



THE TIME IS NOW: THE URGENT NEED TO REFORM HEALTH CARE WITH WOMEN OF COLOR

The existing health care system has failed women of color and their families. While the economic downturn has heightened attention to a teetering system in urgent need of reform, it has only exacerbated the health access barriers and their long-standing consequences that low-income women of color and their families have been experiencing for decades.

Our communities can wait no longer for health care reform. Women of color – particularly Latinas and immigrant women – have the least access to health insurance and continue to experience a disproportionate amount of reproductive and

overall health disparities. Too much is at stake. The outcomes of both federal and state health care policy reform will have a significant impact on women of color in California. Policymakers at all levels must take a stand and promote the health and justice of California's most underserved communities. Our elected representatives must take active steps to halt the historic inequities that low-income women of color have experienced. Now is the time to end policies that place additional obstacles to health care and information on those women whose voices have been neglected for far too long.

In the midst of health care reform debates at all levels of government, conversations regarding the impact of health care reform have failed to underscore the severity of what is truly at stake for the most underserved women. It is essential for the well-being of California's families and individuals that our leaders make courageous decisions placing the best interests of women of color and their families at the center of any health care reform proposal. While over 2.9 million women under the age of 65 in California were uninsured in 2007,¹ lack of access to health insurance is not experienced equally. Women of color comprise over half of the state's non-elderly women,² yet are disproportionately represented among the uninsured: nearly forty percent (39.3%) of Latina, 21.2% of American Indian, 20.9% of Asian, and 19.2% of African-American women of all ages are uninsured compared to 13.4% of White women.³ Additionally, the UCLA Center for Health Policy Research reported that Latinas, immigrant women, and low-income women were disproportionately at risk for being uninsured.⁴



CALIFORNIA NEEDS WOMEN-CENTERED HEALTH CARE REFORM

Healthy women who can participate fully in the workforce and in their communities are at the core of society. The health care system as we know it, however, has created tremendous challenges for women who predominantly coordinate health care needs for their families in this country. Seventy-five to eighty percent of all family health decisions are made by women.⁵ The current national movement, as well as ongoing state efforts to reform health care,

offer significant opportunities to transform public and private systems to make them more responsive to the needs and experiences of all individuals, especially women. Women need policymakers to invest urgently in innovative, fair and sustainable solutions that will ensure health coverage for all Californians, are affordable, and provide comprehensive health benefits, including the broad spectrum of reproductive health services.

IN THE MARGINS: WHERE IS THE “SAFETY” NET FOR THE UNDERSERVED?

Angelica*, a 31-year-old mother from Santa Rosa, had never received reproductive health care in California before she discovered she was pregnant. She turned to ACCESS/Women’s Health Rights Coalition after she had decided to terminate her pregnancy. Angelica had made an appointment at a clinic she found in the phone book that was more than an hour away from her home. After receiving emergency assistance for travel and childcare for her daughter, the clinic turned her away because she was too late in the second trimester of her pregnancy and had a complication in her pregnancy. She returned home “desperate,” because she would have to travel again to go to a hospital for the procedure. Angelica had to surpass several more hurdles, including being incorrectly denied Medi-Cal coverage by a caseworker because she was an immigrant, which only further delayed her from obtaining the care she needed and was eligible for. While California’s laws and policies have made significant progress to ensure access to reproductive health care, in reality they are still failing to meet the needs of low-income women of color, like Angelica.

**ACCESS Client – Name has been changed*

HEALTH CARE REFORM IS A MATTER OF REPRODUCTIVE JUSTICE

Women of color's needs must be front and center in order for any effort to reform health care to be successful. Reproductive Justice recognizes that multiple factors such as race, ethnicity, gender, education, family, sexuality, primary language and health coverage, play a role in a woman's reproductive health outcomes and overall well-being. From a Reproductive Justice perspective, access to health coverage is a critical component in promoting the ability of women, their families, and communities, to lead healthy and fulfilling lives free from reproductive oppression. Policies to reform health care must help eliminate the reproductive health inequities that persist among Latinas and other underserved women of color:

- Latinas and immigrant women are more likely to be in fair or poor health condition.⁶
- Asian American women are least likely to have ever had a mammogram, leading to breast cancer rates that are increasing faster than those for White women.⁷
- African-American women have the highest rates of infant and maternal mortality. For over the past five decades, African-American women in the U.S. have consistently experienced a risk of death from pregnancy complications three to four times greater than White women.⁸
- While Latinas have a lower overall incidence of breast cancer, it is the leading cause of cancer death among them. This is primarily due to the fact that Latinas are diagnosed at later stages in the disease, which increases the likelihood of death from cancer and decreases the possibility of treating the cancer successfully.⁹
- Latinas also have the highest risk of developing cervical cancer and represent one-third of diagnosed invasive cervical cancer cases in the state each year.¹⁰

The following key principles are intended to advance health care reform that meets the needs of California's most underserved women of color and seeks to advance health, equity and justice for California communities.

"I have been looking for a pre-natal care [provider] for two weeks and cannot find anyone who will see me because I don't have insurance. I'm applying for Medi-Cal but it is taking really long and I'm getting more and more pregnant and I haven't seen a doctor yet."

— ACCESS Client

ADVANCING A HEALTH CARE AGENDA FOR WOMEN OF COLOR AND THEIR COMMUNITIES

Health care reform efforts at every level of government must advance Reproductive Justice by **creating meaningful and lasting improvements to the health care system that will enhance the overall well-being of Latinas and other underserved women of color.**

To this end, the following tenets must be included:

- **Women of Color Urgently Need Affordable Health Coverage for Themselves and Their Families.**

Congress' efforts to reform health care will be fruitless if the resulting legislation does not guarantee that women and their families can access truly affordable coverage options. Through this economic downturn, the health care system has become increasingly out of reach for low-income women of color and their families. Women of color are concentrated in low-wage and part-time jobs that do not offer health coverage at all or offer coverage that is too costly.¹¹

In addressing the needs of Latinas and other women of color, it is also critical to recognize that health coverage affects families as a whole. Studies demonstrate that health outcomes for children are connected to their parents' health coverage status.¹² Coverage for entire families, therefore, is a key component of any health care reform package.

Preserving the safety-net is also vital to achieving affordable and accessible health care. In California, the economic crisis has significantly affected low-income women of color and their families who have needed to rely on safety-net programs that have been severely and repeatedly cut in the past years. One-third of women who are uninsured and four in ten women receiving Medi-Cal rely on safety-net providers – such as community health centers, public hospitals and clinics – as their main source of care.¹³ Across all ethnic groups in California, Latinas are most likely to report using safety-net providers as their usual source of care – 39.8% of Latinas compared to 14.6% of White women.¹⁴ Moreover, Latinas account for nearly half (45%) of female Medi-Cal beneficiaries.¹⁵ With no other place to turn, safety net



programs such as Family PACT, which offers family planning and critical reproductive health services to low-income women and men, are in high demand. Latinas accounted for over half (57%) of all Family PACT clients for fiscal year 2006-07.¹⁶ Initial data for 2007-2008 reports that women aged 18-34 make up 74% of Family PACT clients and overall 80% of clients are people of color.¹⁷

Ultimately, health care reform needs to offer health care coverage that is affordable for individuals and families in relation to income alone. Overall, eight out of ten uninsured women are in working families.¹⁸ While low-income Latinas and other underserved women comprise the majority of uninsured women, lack of coverage affects women of all income levels. Nearly one-quarter of uninsured women have family incomes at or above 300% of the Federal Poverty Level.¹⁹ However, these women and their families are far from living in luxury. If premiums for family coverage remain unregulated, they are projected to be \$25,682 for California families by 2016,²⁰ crippling low and middle-income families. Mandating the purchase of health coverage without including appropriate cost controls and subsidy support will be unfeasible for many families – at all income levels.

■ **Health Coverage Must Include Comprehensive Reproductive Health Services.**

The status quo is failing women across the board, and most acutely low-income women. In order to promote the health and well-being of women, their families and communities, access to comprehensive reproductive health care, including abortion services, must be included. Strong data shows that reproductive health care is a key factor in women's overall health.²¹ Reproductive health care is basic, primary women's health care. Policies seeking to single out or neutralize any service, from family planning to abortion, create disincentives for insurers to provide coverage and additional obstacles for women to access timely care. It is absolutely imperative that women's health needs not be used as a chip at the negotiating table. The lives of the most underserved women hang on the balance as our country continues to deliberate how to mend our deteriorating health care system.

California has been a leader in guaranteeing that reproductive freedom is a reality and family planning options are available for all women, regardless of income. Lawmakers must continue to champion the reproductive health and justice of all women, by treating abortion care similarly and ensuring that California's health care reform efforts are not undermined by any federal policies.

■ **Health Coverage Must Be Accessible to All Persons Residing in the United States.**

A thriving society includes a health care system where every individual and family is insured. Guaranteeing access to health coverage requires that everyone be eligible regardless of a person's age, gender, marital status, geography, family composition, economic status, employment, pre-existing conditions, sexuality, immigrant status, or other characteristics. In order to advance equity, the resulting legislation must not prohibit any group from obtaining health coverage. Fixing our broken health care system can only be achieved if every person living in the United States has equal access to health care.

It is not only fair, but good policy to allow everyone who wishes to purchase insurance the ability to do so, including immigrants. For California in particular, the inclusion of immigrants is critical to the state's economic survival. One in four Californians is an immigrant, representing a much higher percentage of the population than in the United States as a whole (27% vs. 13%).²² Of those, over 5 million are women.²³ Overall, immigrants are less likely to be insured compared to citizens, yet they are a very small percentage of the uninsured. In fact, the majority (76%-80%) of the growth in the number of uninsured from 2000 to 2006 occurred among U.S. citizens.²⁴ Immigrants are part of our communities, pay taxes, and should be able to access the same benefits to receive affordable coverage like every other American.

In recognition of the invaluable contributions immigrants make to our state's vitality, California has paved the way in expanding access to care for our immigrant population. California's economic crisis has devastated the safety-net, leaving those with the least resources, particularly immigrants, with very few options. A national overhaul of the health care system that excludes immigrants would be a missed opportunity for California. At the state level, policymakers must commit to identifying innovative strategies for all Californians, including immigrants, to have access to comprehensive, affordable health care.

IN THE TRENCHES: IS HEALTH INSURANCE SERVING WOMEN?

Jennifer,* a 19-year-old mother from Fairfield, whose husband is serving in the military, found out she was pregnant after her husband was deployed to Iraq. At eight weeks pregnant, due to her family's difficult financial situation, she decided to terminate the pregnancy. Unfortunately, Jennifer did not have any coverage for this health service. Her family's military-sponsored insurance did not cover abortion care because, as a federally funded program, it falls under the influence of the "Hyde Amendment." This federal policy essentially bans using federal funds for abortions, except in cases where the life of the mother is endangered, rape, and incest. Because Jennifer did not have access to comprehensive reproductive health services, she was unable to obtain the medical care she needed. Jennifer's case is all too common. When faced with deciding between basic needs – like food, rent or caring for their children – and obtaining medical care, restrictions on abortion coverage can instantly rob low-income women of their right to make life altering decisions about their reproductive lives.

**ACCESS Client – Name has been changed*

CONCLUSION

Ensuring access to health care for women and communities who have been most neglected by the broken health care system is the most critical moral imperative of our time.

As the health care reform debate ensues and proposals continue to take shape, lawmakers at all levels of government must make clear that the task at hand goes beyond regulating the health care industry and controlling health care costs. Rather, it is a moral imperative to guarantee all persons equal access to obtain the health care they need as a basic human right. This moral question within health care reform has been overshadowed by politics, ideologies and price tags. It is time to shift the debate back to the ethical question of how our nation and state will decide to move forward to address the health and well-being of their residents in an equitable manner.

POLICY RECOMMENDATIONS

As health care reform policy debates continue to evolve at all levels, we urge policymakers to enact the following recommendations in order to address the significant needs of low-income Latinas, immigrant women, and women of color and promote healthy, thriving and just communities.

■ **To ensure affordable health coverage for women of color and their families, health care reform proposals must:**

- Ensure broad eligibility for family coverage in order for all families to qualify. If one individual in a household is eligible for health insurance, no one in the household should be denied coverage.
- Continue funding to strengthen the underfunded safety-net providers – such as community health centers, public hospitals and clinics – which serve both insured and uninsured individuals and families.
- Include a robust public health insurance plan – applicable across counties, regions and states – that would expand coverage for the uninsured and help control the rising cost of health care.
- Ensure subsidy programs are adequate to allow both low and middle-income women to afford health insurance. Given California's high cost of living, making subsidies available at minimum to those earning up to 400% of the Federal Poverty Level (FPL) would be more fairly inclusive.
- Implement policies that would expand employer-based coverage, particularly within industries that do not currently offer health insurance to their workers.

- Amend Medicaid and Medi-Cal eligibility, by raising income thresholds and including childless adults, in order for more low-income women to qualify for coverage and access vital health care.
- Support universal health care proposals that provide affordable, comprehensive health care coverage for all Californians, regardless of immigration status.

■ **To ensure comprehensive and preventive coverage, health care reform proposals must:**

- Guarantee benefit packages that include comprehensive reproductive health care, including abortion services.
- Require private insurance companies to create plans that do not leave out coverage for specific care, such as maternity or abortion services. Benefits in any health care reform plan should be guided by science and professional standards of medical care.
- Protect patients' rights and access to care against unnecessary policies that further allow providers to refuse to provide certain health care services that they may object to.



■ **To promote health equity and justice, health care reform proposals must:**

- Include programs that focus on eliminating health disparities and improving reproductive health outcomes among Latinas, women of color, and their communities.
- Ensure adequate numbers of culturally and linguistically competent providers are available and accessible for all health services in order for patients to receive necessary care in a timely manner.
- Eliminate the practice of gender rating – unjust policies that allow insurance companies to charge women more than men for health care services.
- Implement policies to end burdensome and discriminatory restrictions on lawful immigrants, specifically the five-year waiting period, to obtain health care.

All Karen* wants "is a health[y] pregnancy and a healthy baby." After moving from another county, the 30-year-old mother of two seeking pre-natal care was only able to find one provider that accepted her type of Managed Care Medi-Cal coverage. The earliest opening was three months later. She never thought that her move would cause major delays for basic health care.

*ACCESS Client – Name has been changed

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the HEALTH
of PEOPLE
NOT
CORPORATIONS

"NO INDIVIDUAL MANDATE
for people to buy
HEALTH INSURANCE!
... INSURANCE COMPANIES
SHOULD KEEP PROFITS
OVERHEAD to a FAIR LEVEL

HEALTH CARE FOR ALL!
HEALTH CARE
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