



ACCESS TO HEALTH INSURANCE: A VITAL STEP IN PROMOTING LATINAS' REPRODUCTIVE HEALTH & JUSTICE

OVERVIEW

The growing movement for health care reform amidst California's escalating fiscal challenges highlights the urgency of addressing reproductive health access for the 5.3 million Latinas living in California.¹ Access to health care is a significant factor in promoting Latinas' overall health and well-being. It is also a critical component of achieving positive reproductive health outcomes, addressing systemic disparities and promoting reproductive justice. Despite being a considerable and growing segment of California's population, however, Latinas' access to health care is disproportionately out of reach.

The lack of health insurance, in particular, is reaching epidemic proportions among California's Latinas. Latinas are three times as likely to be uninsured than are white women (39.3% vs. 13.4%),² with nearly four out of ten Latinas being uninsured all or part of the year. Among Latinas under age 65, over 1.4 million lack health insurance.³ According to the most recent UCLA Center for Health Policy Research report on *Women's Health in California* (August 2008), Latina women are among the most susceptible ethnic group to lack health coverage. The report found that uninsured rates are higher for women who are Latinas, low-income, non-citizens, single, those whose health is in fair or poor condition and those who are younger.⁴ The average California Latina may fall into one or all of those categories. In California:

- ❖ Twenty percent of Latinas live in poverty⁵
- ❖ Forty-five percent of Latinas are non-citizens⁶
- ❖ Forty-nine percent of Latinas are 24 years of age or younger⁷
- ❖ Latinas are twice as likely to report their health as being "Fair" or "Poor" than are White women (24.8% and 12.5% respectively)⁸

In light of these alarming statistics, it is becoming clear to affected communities that to do nothing is not an option. As California continues to explore health care reform while recognizing the state's fiscal uncertainty, it will be essential to ensure that the health and well-being of California's most vulnerable communities remain at the center. This includes

exploring innovative solutions that will meet the health, economic, educational and social needs of California's growing Latina/o population. Not one of these issues can realistically be addressed in isolation. In light of the current economic crisis, ensuring that California's vital health and social service safety net programs remain intact is especially pressing for California's most underserved low-income communities.

This brief is an urgent call to action to address the lack of access to care and health insurance for California's most underserved Latinas in order to promote their positive health outcomes. Being at the heart of Latino families, Latinas' health and well-being is essential toward promoting a vibrant Latino community and, in turn, benefiting California's present and future vitality.

LATINAS AND HEALTH INSURANCE

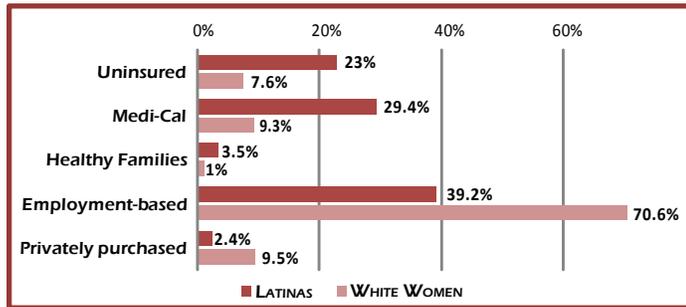
WHY DOES HEALTH INSURANCE MATTER?

Health insurance plays a critical role in promoting health equity and improving Latinas' reproductive health outcomes. Research demonstrates that women with health insurance are more likely to receive preventive, primary, and specialty care, and have better access to new medical developments.⁹ Women without access to health insurance are faced with limited options. As such, they are more likely to postpone care, delay or forego obtaining important reproductive health screenings, and less likely to take medications.¹⁰

Lack of access to timely preventive health services—such as mammograms, Pap tests, or regular check ups—has contributed greatly to Latinas' reproductive and sexual health disparities. The disproportionate rate of uninsured Latinas represents a critical barrier to accessing basic health services. (Please see Figure 1.) For instance, the rate of Latinas over 40 who never had a mammogram was more than twice among uninsured Latinas than among low-income Latinas who had coverage through California's Medi-Cal¹¹ program (36.3% vs. 17.6 %).¹² This raises serious concerns given that breast cancer is the leading cause of cancer deaths among Latinas.¹³ This is primarily due to the fact that Latinas are often

diagnosed at a later stage.¹⁴ 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.¹⁵ Increasing Latinas' access to health insurance is critical to ensuring that Latinas receive life-saving and less costly preventive care.

FIGURE 1: LATINAS' CURRENT HEALTH COVERAGE

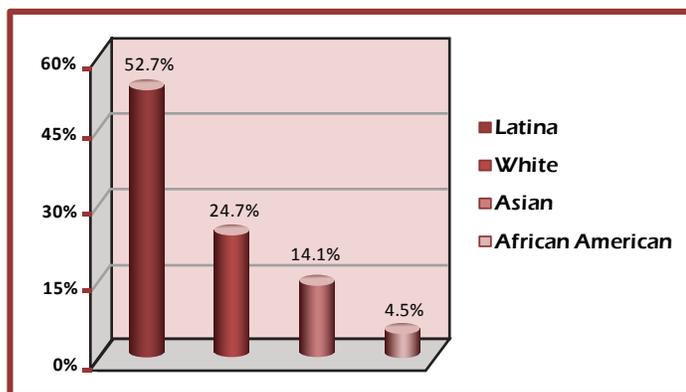


SOURCE: 2005 CALIFORNIA HEALTH INTERVIEW SURVEY

LATINAS ARE AT THE CENTER OF THE UNINSURED EPIDEMIC IN CALIFORNIA.

If being uninsured were a disease, Latinas would be at the center of the epidemic. Latinas have the highest rates of being uninsured across all racial and ethnic groups. Latinas comprised over half of the women without health insurance in 2005 and were twice as likely to be uninsured for the entire past year compared to white women (52.7% vs. 24.7%).¹⁶ (Please see Figure 2.) In 2005, 16.5% of Latinas had no health insurance the entire year compared to 5.0% of White women, 6.2% of African-American women, 8.6% of American Indian/Alaska Native women, and 10.6% of Asian women.¹⁷ Recognizing that health insurance is not static, Latinas are at higher risk of having inconsistent health coverage, representing 45.7% of women who were uninsured at some point during 2005.¹⁸

FIGURE 2: WOMEN UNINSURED THE ENTIRE PAST YEAR



SOURCE: 2005 CALIFORNIA HEALTH INTERVIEW SURVEY

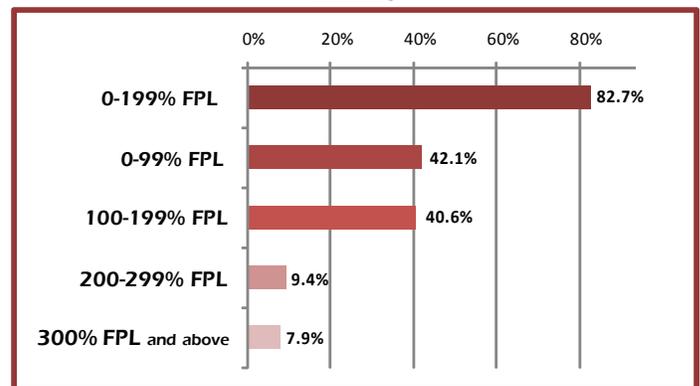
FILLING THE HEALTH INSURANCE GAP REQUIRES EXAMINING THE MANY FACES OF UNINSURED LATINAS.

In addressing the gaps in health coverage for Latinas, it is important to recognize that Latinas are a diverse group and experience a range of factors in their lives that significantly affect access to health care. Even among uninsured Latinas,

there are nuances that need to be examined in order to formulate effective policies and programs that will reach the most underserved Latinas. For example:

- ❖ **Country of origin:** Among major Latina sub-groups in California, Salvadoran women have the highest rate of being uninsured at 46.3%.¹⁹ The rates for some of the other major sub-groups documented by the California Health Interview Survey (CHIS) were similar: over one-third of Guatemalan, Mexican, and South American Latinas were uninsured for all or part of 2005.²⁰
- ❖ **Economic status:** Socio-economic status continues to be a significant indicator of health coverage status among Latinas. Over eight out of ten uninsured Latinas between the ages of 18 and 65 have incomes below the Federal Poverty Level (FPL) or are near poor (between 100-199% FPL), 42.1% and 40.6% respectively.²¹ The FPL in 2005 was \$16,090 for a family of three.²² (Please see Figure 3.)
- ❖ **Age:** Even when broken down by age, Latinas disproportionately lack access to health insurance among all age ranges. The uninsured rate among Latinas ages 18-64 ranges between 26.8% and 34.4% compared to the uninsured rate among White women of the same ages, which ranges between 6.9% and 13.6%.²³ Consistent with national trends, young Latinas are highly susceptible to being uninsured. Young Latinas (ages 18-24) represent the highest segment of uninsured young women across all racial and ethnic groups at 34.4%, compared to 11.7% African American, 13.6% White and 18.9% Asian young women of the same age range, respectively, without health insurance.²⁴

FIGURE 3: ECONOMIC STATUS AMONG CURRENTLY UNINSURED LATINAS



SOURCE: 2005 CALIFORNIA HEALTH INTERVIEW SURVEY

REPRODUCTIVE JUSTICE HIGHLIGHTS THE INTERSECTIONS AMONG LATINAS' LIVES.

These are only a few of the various factors affecting Latinas' access to health insurance while reflecting the overall well-being and livelihood of the most underserved Latinas in California. For example, uninsured Latinas' high rates of poverty clearly manifest an intersection between economic justice and reproductive justice. Latinas' country of origin

not only surfaces questions concerning the effect of immigration status, but may also reflect the dire lack of culturally and linguistically competent outreach and care. The wide range of ages affected demonstrates that a growing segment of the population is currently being neglected.

These intersecting dynamics that form the reality of Latinas' lives indicate critical needs that are not currently being addressed by existing health care systems, such as culturally and linguistically appropriate health education and outreach; economic opportunities that provide beyond a living wage and employer-based health coverage; and educational and advancement opportunities for Latinas. These factors point to broader systemic concerns that cannot be ignored or addressed individually when attempting to reform California's health care system. They must also be considered when making changes to the state's safety net and public health programs and, by extension, when deciding how California will allocate its resources in order to protect the health and safety of its residents.

LATINAS' PARTICIPATION IN EMPLOYER-BASED INSURANCE AND PRIVATE COVERAGE IS DISPROPORTIONATELY LOW.

Employer-Based Health Insurance

Among women in California, Latinas are the least likely to be offered health care benefits through their employers. Thirty one percent (31%) of Latinas are not offered employer-based health benefits compared to 12% of White women.²⁵ While employer-based insurance covered nearly four out of ten Latinas in 2005, seven out of ten White women in California had employer-based coverage during the same time.²⁶ Employer-sponsored health insurance is the primary source of coverage for all women in California (55.7%);²⁷ yet, it is not reaching the majority of Latinas, particularly those whom are low-income, immigrant, and/or young.

Not taking into account the number of Latinas who work in the cash economy, there are nearly 2 million Latina workers in California.²⁸ Latina workers are concentrated in lower-paying administrative support and service jobs²⁹ and have the lowest median earnings among women across ethnic groups.³⁰ These dismal figures, coupled with Latinas' lack of employer-sponsored health coverage, poignantly highlight race and gender inequities in the workforce.

The UCLA Center for Health Policy Research recently recognized the continuing erosion of employer-based insurance for vulnerable groups, particularly among young people ages 24-29, single adults, and workers with family incomes below 100 percent of the Federal Poverty Level.³¹ It also noted a decline in the percentage of individuals covered by a family member's dependent coverage.³² Given that California's fiscal circumstances have declined since 2005, employer-based

coverage will likely continue to decline. The effect of this trend will in turn, possibly impact Latina workers and Latina/o families who obtain coverage through a parent or spouse's employer-based dependent coverage.

Private Insurance

Among Latinas, the use of private insurance is minimal (2.4%).³³ Individually purchased insurance is used by just 6% of women nationally.³⁴ Similarly, 6.5% of women in California are covered by privately purchased insurance.³⁵ This type of insurance can be costly, often provides more limited benefits than job-based coverage, and can leave women more exposed to health care costs.³⁶ Due to Latinas' socio-economic status, individually purchased insurance is far from becoming a likely option for the low-income Latinas who need health insurance the most.

CALIFORNIA'S PUBLIC HEALTH CARE PROGRAMS: A VITAL RESOURCE FOR LATINAS

LEFT WITH LIMITED OPTIONS, UNINSURED AND LOW-INCOME LATINAS ARE FORCED TO RELY ON PUBLIC HEALTH CARE PROGRAMS TO MEET THEIR REPRODUCTIVE HEALTH NEEDS.

Socio-economic status and diminishing employer-sponsored health care are two of the major factors³⁷ forcing Latinas to rely on a patchwork of sources to obtain health care. With no other place to turn, the state's public health programs are Latinas' primary means of receiving necessary medical attention and preventive services. In California, Medi-Cal, Healthy Families³⁸ and the Family Planning Access, Care and Treatment Program (Family PACT)³⁹ are three of the major state and federally funded programs that some low-income Latinas may be eligible to access. While there are other public programs that provide reproductive health care, there is insufficient accessible data available on Latinas' usage to make an informed policy assessment concerning such programs.

Latinas' Access to Medi-Cal

Medi-Cal, the largest provider of health coverage for all of California,⁴⁰ is also the primary source of health insurance for Latinas. Nearly one third (29.4%) of Latinas receive health coverage through Medi-Cal, accounting for nearly half (45%) of female Medi-Cal beneficiaries.⁴¹ Overall, Latinas/os account for 53% of Medi-Cal recipients.⁴² Medi-Cal plays an essential role in ensuring Latinas receive quality and timely reproductive and overall health services. The well-being of over 1.4 million Latinas hangs on the line every time the Medi-Cal program is on the state budget's chopping block.

Latinas' Access to Healthy Families

Healthy Families may be an option for low-income

Latinas under the age of 19 who do not qualify for Medi-Cal and are either citizens or qualified immigrants.⁴³ Latinas comprise 57.5% of Healthy Families participants; however, this represents only 8.7% of Latinas under the age of 19.⁴⁴ Participation is slightly higher among Latina adolescents ages 15-19 at 10.3%.⁴⁵ Healthy Families has yet to fill the gap for this age group as nearly a quarter (24.3%) of Latina adolescents remain uninsured.⁴⁶

Latinas' Access to Family PACT

For low-income Latinas who are not eligible for Medi-Cal and/or Healthy Families, California's Family PACT program has become a critical resource for accessing reproductive health services. Family PACT provides comprehensive family planning services to eligible low-income men and women, including providing contraceptives, Pap tests and other gynecological services. Latinas account for over half (57%) of all Family PACT clients.⁴⁷ Latinas also represent nearly two out three women who use Family PACT.⁴⁸ Among young people under the age of 19 who utilized Family PACT, 52% were Latina/o.⁴⁹ Overall, Latinas/os represent the largest percentage of Family PACT clients across all ethnic groups. Of the more than 1.6 million Family PACT clients served during 2006-07, 65% were Latina/o, 20% were White, 6% were Asian, Filipino and Pacific Islander, 6% were African American, and 3% were Native American or another ethnicity.⁵⁰ Given Family PACT's scope of services and its high utilization by Latinas, it is one of the most essential programs addressing Latinas' reproductive health needs.

Safety Net Providers

Aside from public health programs, low-income Latinas also utilize safety net providers, such as community health centers, public hospitals and public clinics, in order to access reproductive health services. Among all ethnic groups, Latinas were among the highest group to use safety net providers as their usual source of care at 39.8% followed closely by American Indian/Alaskan Native women at 38.7%, compared to 14.6% of White women, 19.6% of Asian/Pacific Islander women, and 26.6% of African American women who reported using a safety net provider as their usual source of care.⁵¹

PUBLIC HEALTH CARE AND SAFETY NET PROGRAMS ARE ESSENTIAL TO MEETING LATINAS' REPRODUCTIVE HEALTH NEEDS.

Despite the fact that these programs provide life-saving and cost-saving preventive care for California's most vulnerable residents, they are continuously under threat of losing funding or being significantly restructured to affect access to care, particularly in times of fiscal downturns. The importance of Medi-Cal, Healthy Families, and Family PACT, combined with the safety net providers, cannot be sufficiently underscored. All provide a critical entry point to receiving essential medical care for eligible low-income Latinas. Additionally,

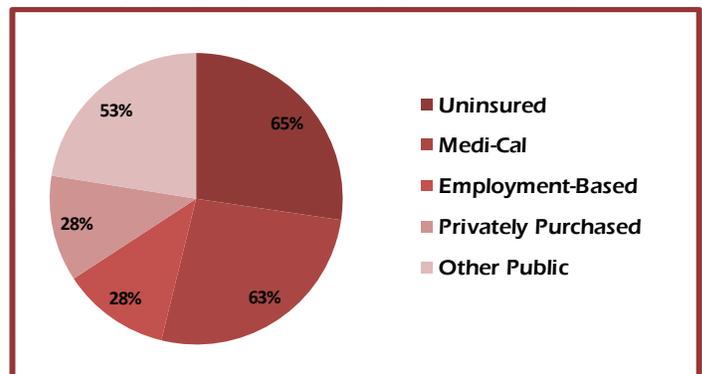
they play a vital role in closing the gap in health disparities experienced by Latinas. For example, the rate of acquiring a Pap test is significantly higher among Medi-Cal enrollees compared to uninsured women, 59% and 44%, respectively.⁵² Furthermore, Latinas have the highest proportion of receiving a Pap test within the Family PACT program, accounting for 54% of all Pap tests provided.⁵³ It is of the utmost importance to continue funding all these vital public health and safety net programs, especially in difficult economic times, when low-income Latinas are significantly burdened by external economic factors.

LATINAS' UNDERUTILIZATION OF PUBLIC HEALTH PROGRAMS HIGHLIGHTS THE NEED TO EXPAND TARGETED OUTREACH EFFORTS.

According to the UCLA Center for Health Policy Research, about thirteen percent (13.2%) of Latinas were eligible for Medi-Cal but not insured compared to 8.7% of White women.⁵⁴ Among Latinas of reproductive age (15-44), 8.8% were eligible for Medi-Cal but not insured; for young Latinas ages 15-19, the rate nearly triples to 23.3%.⁵⁵ Moreover, nearly two out of ten Latinas under the age of 19 are currently eligible for Healthy Families but not enrolled.⁵⁶ It is essential to expand education and outreach efforts—in particular to young Latinas—in order to ensure that eligible low-income Latinas learn about these services, and have the means to enroll and access these programs.

Such discrepancies in utilization also suggest there may be a need for targeted culturally and linguistically appropriate outreach and education in order to reach the most vulnerable Latinas, primarily immigrant and/or those who are limited-English proficient (LEP). Among all Latinas, four out of ten who reported speaking English "not well or not at all" were uninsured, compared to only 18% of Latinas who reported speaking English "very well."⁵⁷ According to CHIS, 65% of uninsured Latinas reported speaking English "not well or not at all."⁵⁸ Language access not only affects Latinas' utilization of public health programs, but is also a factor affecting Latinas' access across all forms of coverage. (Please see Figure 4.)

FIGURE 4: TYPE OF HEALTH COVERAGE AMONG LATINAS WHO SPEAK ENGLISH "NOT WELL OR NOT AT ALL"



Source: 2005 California Health Interview Survey

CONTINUING TO ENSURE CULTURALLY AND LINGUISTICALLY COMPETENT SERVICES AMONG PUBLIC HEALTH PROGRAMS IS VITAL TO LATINAS' ACCESS TO CARE.

Although language access services for limited English proficient populations is mandated by law, the lack of translation services can be a major obstacle preventing Latinas from accessing health care, particularly for monolingual and immigrant Latinas. In analyzing utilization data from both Medi-Cal and Family PACT, the need to include language access in any health care reform initiatives becomes clear. Both Family PACT and Medi-Cal report high utilization by clients who are primarily Spanish-speaking: nearly four out of ten (38.4%) Latinas covered by Medi-Cal speak Spanish at home⁵⁹ and nearly half (49%) of Family PACT participants reported Spanish as their primary language,⁶⁰ which includes 23% of adolescent Family PACT clients.⁶¹ Furthermore, it has been noted that more than one out of three Latinos report having problems understanding a medical situation when it's not explained to them in their language.⁶² As the cost to provide care continues to rise, some providers may be forced to forego providing translation services altogether due to budget constraints. Language is vital to improving access to care and must be considered when creating policies around health care reform.

POLICY PLATFORM FOR ACTION

POLICY RECOMMENDATIONS TO PROMOTE THE REPRODUCTIVE HEALTH AND JUSTICE OF CALIFORNIA'S MOST UNDERSERVED LATINAS:

California cannot afford to ignore Latinas' disproportionate lack of access to health insurance, which has served to exacerbate reproductive health disparities and deny Latinas' reproductive justice. To maintain the *status quo* not only places low-income Latinas' lives at risk, but could also prove costly to the state by relying on the provision of expensive treatment rather than preventive care. Despite our state's fiscal challenges, California policymakers must remain steadfast in developing innovative solutions to expand access to health insurance to the most vulnerable California communities for the sake of our state's future vitality.

CLRJ has identified the following policy recommendations to further its core policy priority of ensuring that Latinas – with a focus on the most underserved Latina women and youth – have access to affordable, comprehensive, equitable, unbiased, culturally and linguistically competent reproductive and sexual health services and information in order to improve their overall health outcomes and opportunities:

- *Support universal health care proposals that provide affordable, comprehensive health care coverage that includes access to the broad spectrum of reproductive health services and information for all Californians, regardless of immigration status.*
- *Support and promote policy proposals that serve to increase access to affordable, comprehensive, preventive, culturally and linguistically competent health care services to uninsured Latinas, particularly for low-income, immigrant, and young women.*
- *Support and promote policies to preserve and enhance the Medi-Cal program, including expanding the provision of culturally and linguistically competent health services and preserving the provision of "optional" benefits, such as dental and vision.*
- *Support policies to maintain and expand the pool of reproductive health care providers that are accessible to the most underserved Latinas, in particular providers that participate in California's vital public health care and safety net programs.*
- *Promote the preservation of funding for public health care programs that provide vital preventive reproductive health services and information to low-income Latinas, including the Medi-Cal and Family PACT programs.*
- *Support health care reform initiatives that would expand employer-based coverage, particularly within industries that do not currently offer this benefit.*
- *Support policies that advance the availability of community-based, culturally and linguistically competent reproductive and sexual health education and outreach programs tailored to reach the most underserved Latinas, including Promotora programs.*
- *Work in collaboration with policymakers to hold public hearings, town halls or other gatherings to discuss critical issues affecting Latinas' access to health care and reproductive health among policymakers, community leaders, Latina/o families and youth, to serve as catalysts for community-driven policy initiatives.*
- *Promote further research, reporting and public access to utilization data of all public health programs, particularly those that provide reproductive health services and information, broken down by race/ethnicity, age, gender, country of origin, language access, education level, among other factors that affect the reality of Latinas' lives.*

ACKNOWLEDGEMENTS

This Policy Brief was made possible by the generous support of:

**The California Wellness Foundation
The William and Flora Hewlett Foundation
Ms. Foundation for Women
The Roth Family Foundation
The Tides Foundation
The Women's Foundation of California**

(ENDNOTES)

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