Will it Really be Health Care for All?
Mobilizing Reproductive
Health Advocates for Quality
Health Care for All: Challenges
and Opportunities

#### APHA 135<sup>th</sup> Annual Meeting November 6, 2007

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#### Overview

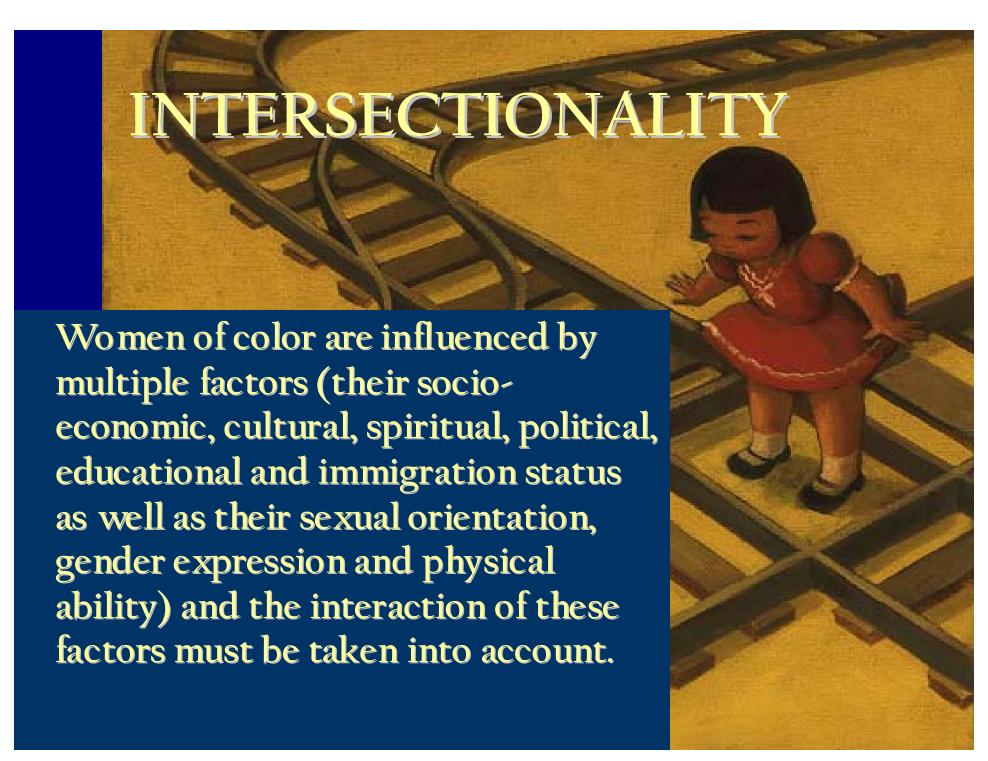
- Reproductive Justice: Why talk about immigration when discussing universal health care?
- Will offer the perspective of Latinas (immigrants and U.S.-born)
- Barriers to Reproductive Health Care for Latinas
- Uninsured rates for Latinas
- Latina's Health Disparities
- Advocating for Quality Health Care for ALL



### Reproductive Justice

Everyone, regardless of race, age, ability, national origin, income, sexual orientation or gender expression, has equal rights and access to reproductive health services, as well as the right to make informed decisions about whether or when to have children.





#### National Latina Institute

The mission of the National Latina Institute for Reproductive Health is to ensure the fundamental human right to reproductive health and justice for Latinas, their families and their communities through public education, policy advocacy, and community mobilization.

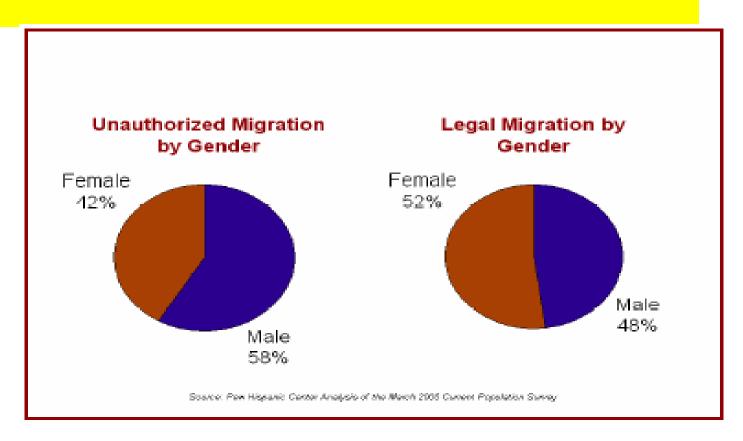


### Who are Latinos?

- 40% of Latinos are Foreign-Born
- 43% of entered the US in the 1990's
- In March 2002, Latinos were 17 million of foreign-born population
  - > Only 6.7% have US citizenship
- Primary language among immigrants is Spanish
- 72% of immigrant Latinos speak only Spanish
- 24% are bilingual
- Latinas: In 2000, Latina women are 12.5% of U.S. female population (over 17 million of 143 million women in U.S.)



# Undocumented vs. Documented Immigrants in the U.S.



Source: Pew Hispanic Center Analysis of March 2005 Current Population Study



## What are the barriers to reproductive health care for Latinas?

- Lack of health insurance/ access to providers
- Anti-immigrant policies
- Cultural/Language Barriers
- Unequal Treatment
- Lack of information
- .... Lead to **Health Disparities**

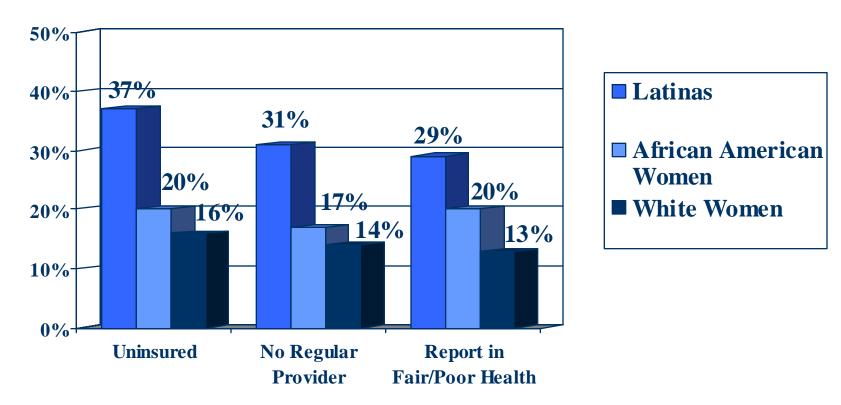


### Lack of Access to Basic Health Care

- Latinas have the highest uninsured rate (41%) among racial/ethnic groups
- Almost 60% of low-income Latina immigrants of reproductive age are uninsured
- Almost half of all Latinas lack health insurance for part of the year
- Almost 25% of Latinas have not visited a physician in the last year
- Almost one-third of Latinas do not have a regular health care provider
- Lack of transportation and geographic isolation affect access



## Racial and Ethnic Disparities in Women's Access to Health Care



Findings from the 2001 Kaiser Women's Health Survey.



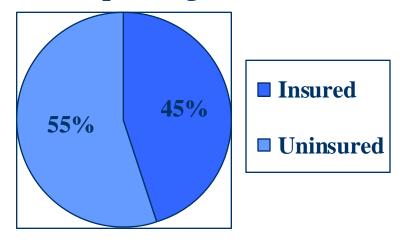
### Immigration Status

- Under the 1996 Welfare Law, legal immigrants who arrived after August 22, 1996 do not have access to federal Medicaid and SCHIP funding for their first five years in the US
- 18 states use state funds to cover pregnant immigrants
- Most immigrants are not able to obtain employer-based coverage, leaving a large number uninsured:
  - > 55% of non-citizen Latinos who speak English lack coverage
  - > 72% of non-citizen Spanish-speaking Latinos are uninsured
  - > 51% of low-income non-citizen children are uninsured compared to 26% of low-income citizen children

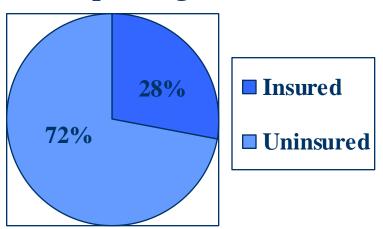


# Health Insurance Status of Latino Immigrants

Non-Citizen English-Speaking Latinos



#### Non-Citizen Spanish-Speaking Latinos



## Limited Access to Reproductive Health Services

- Cuts to Medicaid and Title X clinics affect access to Family Planning/ STI & HIV testing and treatment
- 33% of Latinas did not receive a pap smear in one given year
- Immigrant Latinas are least likely to get pap test and mammogram
- Undocumented immigrants may be excluded from public health programs
- 17-20% of women having abortions are Latinas, although Latinas represent 13% of women
- The Hyde Amendment restricts federal Medicaid funding for abortion to cases of rape/incest/life endangerment
- Misoprostol use among immigrants to self-induce abortions



# Latina Reproductive Health Disparities

- High teen pregnancy rates
- High unintended pregnancy rates
- High breast/cervical cancer rates
- High STI & HIV/AIDS rates
- High rates of Chronic Diseases



# Universal Health Care as a Human Right

## Human Rights Standards for Health Care Policy Assessment: (adapted from the US Human Rights Network Health Caucus)

- Recognizes a right to health care
- ✓ Equitable
- ✓ Protects from discrimination
- ✓ Is accessible to everyone
- ✓ Affordable for all
- Ensures acceptable quality of services
- ✓ Includes private sector accountability
- ✓ Has process for evaluation, monitoring and public participation



# Advocates for Universal Health Care: Challenges & Opportunities

#### Challenges

- > Political environment
- SCHIP example: ICHIA removed through 'compromise'
- Elections! Polarizing debate

#### Opportunities

- > Elections! Presentation of candidate's health plans
- > Attention to 45 million uninsured in U.S.
- Will of the people: want to see comprehensive immigration reform and universal health care



## Advocates for Universal Health Care: Recommendations

- Must be principled!
- Ensure that those who need insurance the most are included; advocate for inclusion of immigrants; documented and undocumented alike
- Join coalitions that embrace human rights model for universal health care
- Ensure linguistically and culturally appropriate care
- Ensure comprehensive care: repro health and abortion services
- Ensure affordable care (beware of high deductibles and out-of-pocket costs)



### References

- Kaiser Family Foundation
- The National Women's Law Center
- The Alan Guttmacher Institute
- The National Health Law Program
- The Institute for Reproductive Health
- US Human Rights Network Health Caucus
- Having our Say Coalition (California)
- Pew Hispanic Center

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