



Our Health & the State Budget:

# Where are California's Latinas?

Health Budget Workshop

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# Latinas Today

## Statewide:

			<i>Uninsured</i>
Total CA Pop.	100%	33 million	6.3 million
Total Latino Pop.	33%	11 million	3.4 million
Total Latina Pop.	16%	5.4 million	<b>1.2 million</b>

## Nationally:

- ◆ 13% of the US population is Latino
- ◆ 1/3 of nation's Latinos live in California
- ◆ By 2050, 1/4 of the nation's population will be Latino

Our Health:

Demographics

Priority Issues

Review of the  
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Types of Health  
Coverage

Review of the State  
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Summary





# Trends

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- ◆ Primarily young, Median age is 24 (34 for all CA)
- ◆ 1 out of every 2 children born in California is Latino
- ◆ 83% of Latino children live in immigrant families
- ◆ Continued lag in educational attainment (86 percent of Latinos in the workforce have a high school diploma or less)

## What does this mean?

- ◆ Latinos will be half of the state's population by 2040
- ◆ Will continue to be young – will represent half of all children in K-12 system by 2020 (ages 5-19)
- ◆ Will continue to become larger share of California's workforce , moving from 32% to 42% by 2020.



# Health Status

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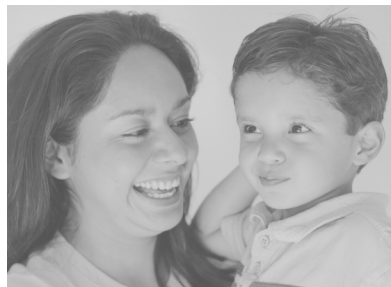


## Latinos:

- ◆ Cardiovascular disease ranks as the leading cause of death among California Latinos, accounting for 23 percent of all deaths.
- ◆ Nearly one out of five Latino adults over the age of 50 (19.7%) report they have diabetes, which is twice the rate for Whites (10.1%) and among the highest for all racial/ethnic groups.

## Latinas:

- ◆ Latina women suffer the highest rate of invasive cervical cancer in California
- ◆ Latina women are twice as likely to develop cervical cancer and along with African American and Asian Pacific Islander women, are far more likely to die from cervical cancer.
- ◆ Latinos report lower screening rates for breast cancer, colorectal cancer, and prostate cancer.



# Priority Issues

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1

## Access to Healthcare

**Issue:** Latinos are the majority of California's uninsured.

**Focus:** Strategies that work to increase access to high quality, culturally and linguistically appropriate care in a timely manner

2

## Health Disparities

**Issue:** Less than 5% of all actively practicing physicians in California are Latino.

**Focus:** Work to develop a diverse, culturally and linguistically competent health care work force.

3

## Community Health

**Issue:** Nearly 1 in 5 Latino adults over the age of 50 report that they are diabetic, twice the rate of Whites.

**Focus:** Need to build healthy communities through collaborative, multi-sect approaches to prevent disease.

# Health & Health Coverage



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## ◆ Primarily Working – for Lower Wages

Latinos tend to have the highest workforce participation rates (69% versus 66% of Whites) , but lower wages. Latinos make up 57% of the current 59% of all workers who are low-wage earners.

◆ **Largely Uninsured** – The majority of those uninsured in California are Latino (54%), more than any other population, or 1 out of every 4 **working age** Latino. The majority of the uninsured earn 200% or less than the Federal Poverty Level (FPL). Almost a third (64%) of the uninsured are employed adults while 85% of families with uninsured children have at least one parent that is working.

## ◆ Lower Rates of Employer-based Coverage –

While generally declining for everyone, Latinos have even lower rates of employer-provided coverage. Only 43% of Latinos have employer provided coverage compared to 76% for Whites.



# Health & Health Coverage

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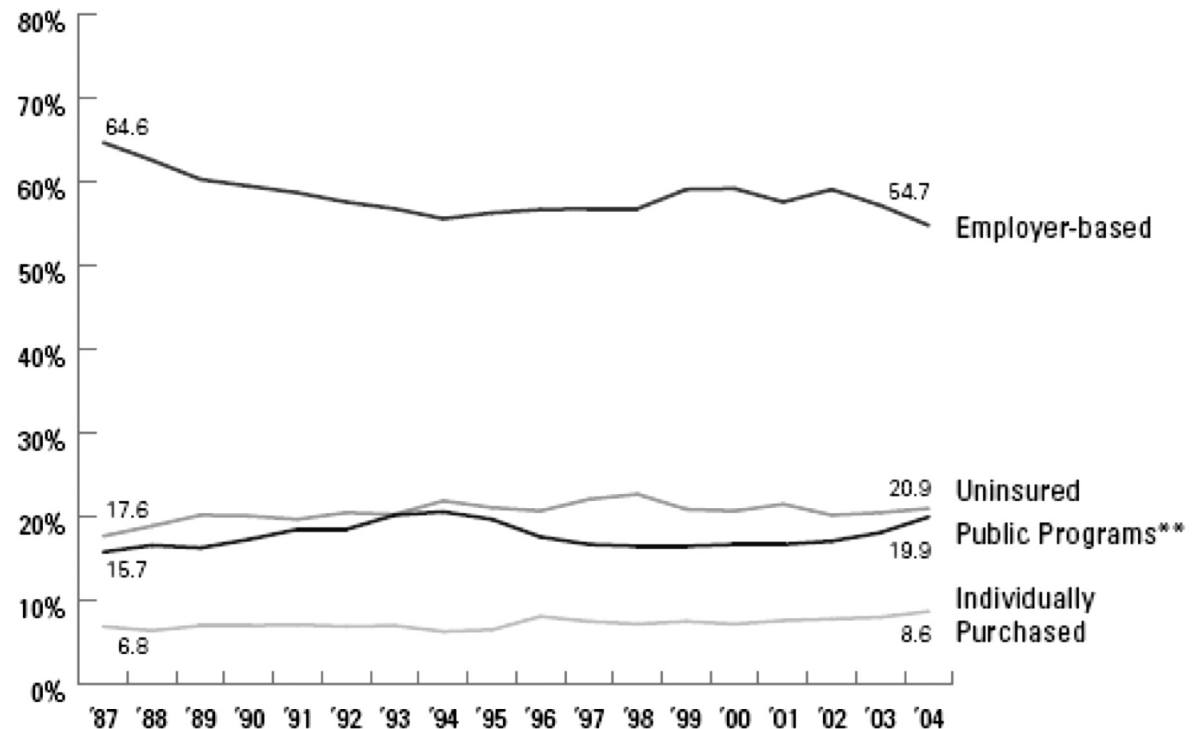
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## Insurance Coverage Source Trends in California, 1987–2004\*



Source: Snapshot: California's Uninsured, 2005. California HealthCare Foundation

# Public Programs



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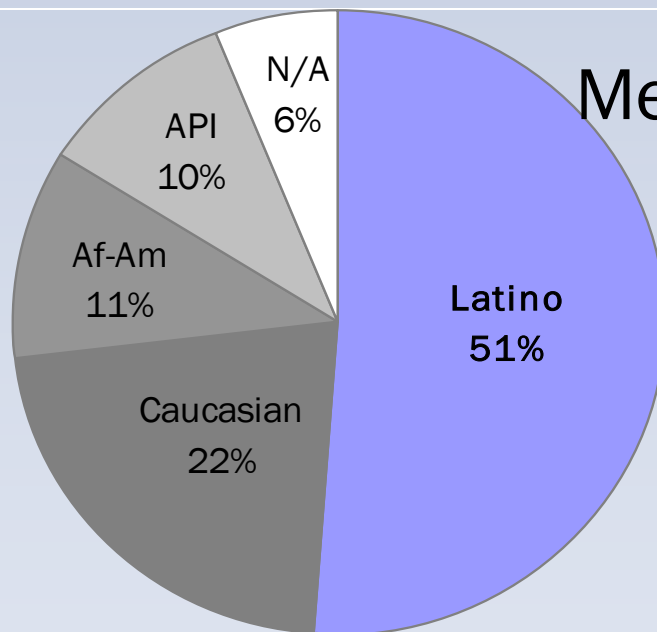
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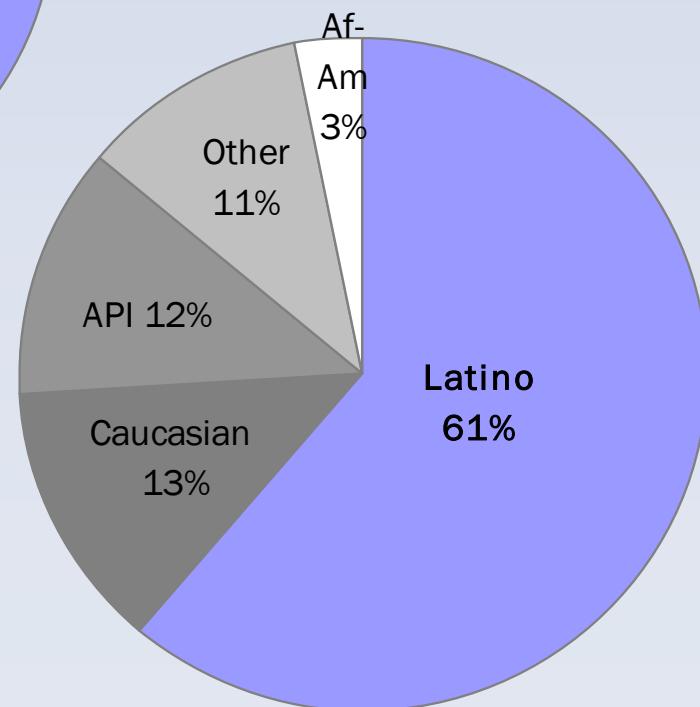


**Medi-Cal program**

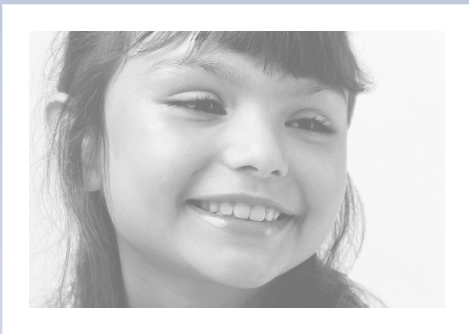
6.8 Million Latinos

**Healthy Families  
program (HFP)**

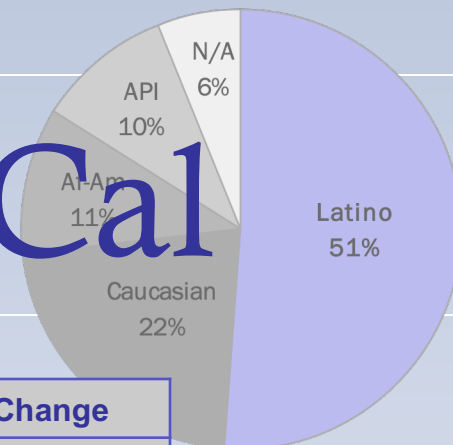
800,000 Latino children







# Medi-Cal



## Total Budget:

	'06-'07	'07-'08	Change
Total	\$35.5 B	\$37.4 B	+ \$1.9 B
General Fund	\$13.6 B	\$14.6 B	+ \$1 B

## Modest Caseload Increases

- ◆ Continued increases in program (Medi-Cal) costs  
Largely due to population & cost (inflation) increases
- ◆ No real program expansion

## Implementation of SB 437

- ◆ Efforts last 2 years on AB 772, SB 437 & Prop. 86 (California Healthy Kids Insurance Program)
- ◆ 2 County, Self-certification (Orange & Santa Clara)
- ◆ Expected enrollment ~ 16,000 beneficiaries

## Implementation on AB 2911

- ◆ California Discount Prescription Drug Program
- ◆ Individuals with incomes below \$29,400/family of 4 with income below \$60,000,

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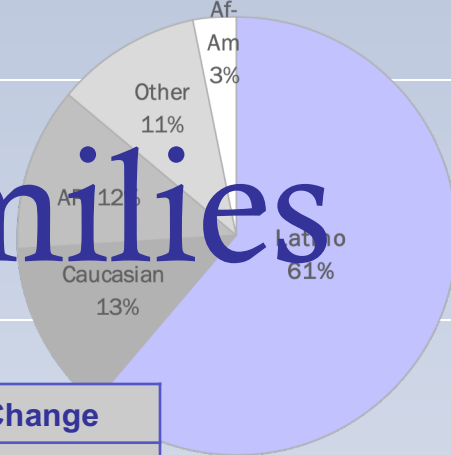
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# Healthy Families



## Total Budget:

	'06-'07	'07-'08	Change
Total	\$ 1 B	\$ 1.1 B	+ \$ 68 k
General Fund	\$360 M	\$ 392 M	+ \$ 32 k

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## Implementation of SB 437

- ◆ Similar to other efforts under Medi-Cal program
- ◆ Four positions to create a self-certification process, a presumptive eligibility process and a gateway from the Women, Infant, and Children's Supplemental Food (WIC) program into HFP.

## SB 437 Caseload increases

- ◆ Would help an estimated 13,000 children (beginning January 1, 2008)

## County Health Initiative Matching (CHIM) Fund

- ◆ Subsidized coverage for children in pilot counties (Santa Clara, San Mateo, San Francisco and Santa Cruz)
- ◆ Eligibility: 250-300 % FPL, dollar match by volunteer counties; Will help approx. 2,000 children



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# Other Budget Items

## Access for Infants & Mothers (AIM)

- ◆ Low-cost health insurance, uninsured pregnant mothers
- ◆ Eligibility: 200-300% FPL, Pregnancy to 60 days post-partum

**Budget Proposal:** Increase by \$11 million (Total: \$138 M)

Will help approx. 14,000 women

## Child Health Disability Prevention (CHDP)

- ◆ Provides vaccinations and health screenings and other periodic preventive health assessments for children not otherwise eligible for Medi-Cal or HFP; Serves approx 2.1 M
- ◆ Eligibility: Birth to age 19; 200% or less of FPL

**Budget Proposal:** \$3 M

No changes in policy made

## New Department of Public Health

- ◆ Follow up to SB 162 (Ortiz)
- ◆ Focus on disease prevention, healthier lifestyles, other public health issues, July 1 start date

**Budget Proposal:** Budget (not cost) neutral



# Workforce Development

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## Programs in Medical Education (PRIME)

- ◆ Medical-school training focused on Latino health issues, science and policy.

- ◆ Graduates earn both a medical degree and a Master's

**Budget Proposal:** No funding included in budget

## Steven M. Thompson Loan Repayment Program

- ◆ AB 982 created a loan forgiveness program for physicians who practice medicine in underserved regions

- ◆ Repays up to \$105,000 in student loans, 3 yr. commitment

**Budget Proposal:** No funding included in budget  
(LCHC will keep you posted on status)

## Post-Baccalaureate Funding

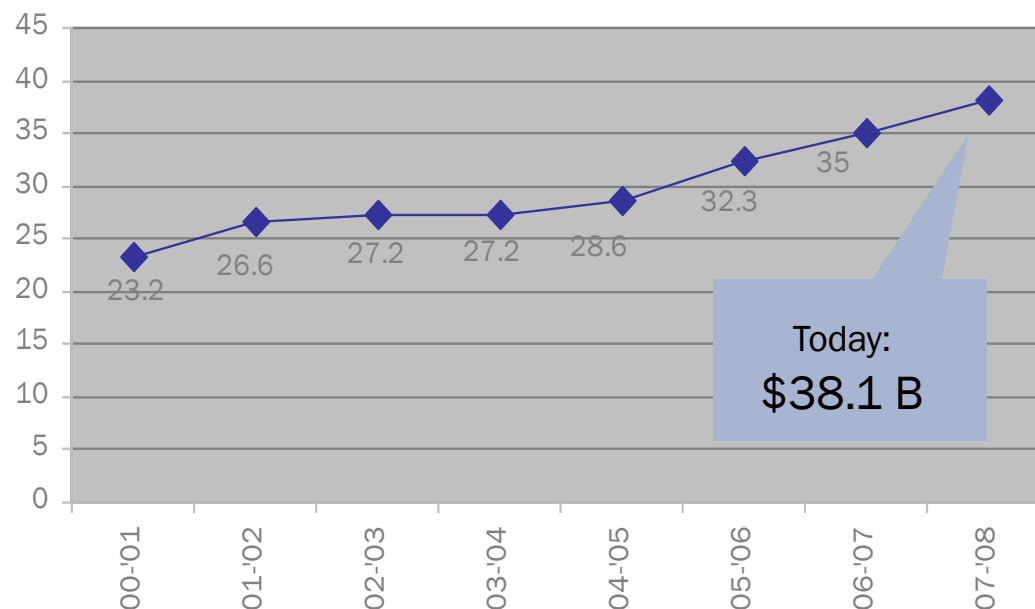
- ◆ Provides mentorship, training and support for students seeking entrance to medical, dental, other allied health professional schools

**Budget Proposal:** No funding included in budget

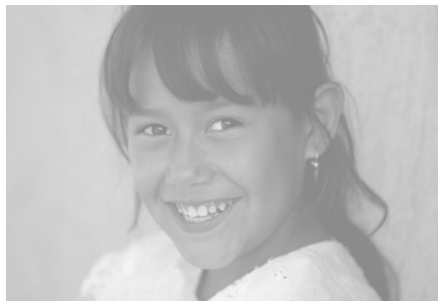


# Overall Budget Recap

## Health & Human Services Spending



- ◆ California – 6<sup>th</sup> largest economy worldwide
- ◆ Health & Human Services – 2nd largest spending category statewide
- ◆ Increasing costs (inflation, cost, quality)
- ◆ Ongoing structural deficit, implications for spending
- ◆ Health care reform NOT included in budget – when?



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# Budget Process

Jan

- ◆ Governor releases Budget Proposal by Jan. 10
- ◆ First projections & reactions for budget

April

- ◆ Legislature begins review through Budget and various sub-committees on budget
- ◆ Changes & Proposals made March-May

May

- ◆ May Revise issued by Governor, based on personal income tax revenues
- ◆ Final budget proposals through Legislature

June

- ◆ Negotiations on differences in the budget (Referred to as the 'Big Five')
- ◆ Governor - Veto power

July

- ◆ July 1 State Budget Begins
- ◆ Delays with budget & state payments on missing deadline



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- ◆ Latinas play a critical role in California's future – Projected population growths, increase in Latino children and workforce participation, will impact the future of Latinas.
- ◆ Latinas stand to make significant gains or losses in the near future – Educational attainment rates and opportunities to participate in health care professions can direct Latina gains or losses over the next generation (15-30 yrs). Existing programs (and budget items) can also shape the outcome.
- ◆ Must continue to leverage positions of leadership and decision-making – The 'Latina Agenda' is best understood by Latinas; Can work now to ensure that Latina priorities are represented.





# Latino Coalition for a Healthy California

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*To become a member of the Latino Coalition for a Healthy California,  
please visit our website at [www.LCHC.org](http://www.LCHC.org).*