

## **PRESERVING THE SAFETY NET STRENGTHENS CALIFORNIA**

### **The Governor's Proposed 2010-11 Budget FAILS Women & Families**

California's safety net has been decimated throughout previous budget cycles. What remains is a mere skeleton of services that must be preserved if we want California communities to be in a position to thrive as the economy recovers. Unfortunately, the Governor's proposed 2010-2011 Budget fails to consider the difficult circumstances that underserved women and families are already experiencing by proffering billions of dollars in cuts to vital services and programs. The proposed \$3 billion in cuts to health and human services in tandem with cuts to other essential services, such as education, would gravely compromise and in some cases completely eliminate everyday lifelines for California's low-income women and their families. The long-term effects are just as worrisome; these shortsighted proposals would cripple California's public infrastructure and its ability to support its residents in the future.

The **California Coalition for Reproductive Freedom (CCRF)**, comprised of over 50 independent organizations representing California's diverse communities, **strongly supports preserving the safety net within California's 2010-2011 Budget, in particular critical health and human services. These services are essential to promoting the health and economic survival of low-income women, their families and communities.** CCRF member organizations urge California's leaders to join us in our goal of preserving the health and well-being of California's families by including revenue sources and reasonable budget reductions in budget negotiations. The following outlines how the proposed 2010-2011 Budget fails low-income women, women of color, youth and their communities.

*The proposed cuts to Health and Human Services disproportionately hurt underserved women and their families.*

The Governor's proposal outlines cuts to various programs that provide essential services to women, such as primary care, family planning, reproductive cancer screenings, child care, and economic assistance. The following is a partial list of programs that are of key concern as they directly impact low-income women and their families:

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|--|---------------------------|
| ✓ <i>Access for Infants and Mothers (AIM)*</i> | ✓ <i>Family PACT</i>      |
| ✓ <i>Every Woman Counts</i>                    | ✓ <i>Healthy Families</i> |
| ✓ <i>CalWORKS</i>                              | ✓ <i>Medi-Cal</i>         |

Preserving the safety net is critical to low-income women's health and well-being, and necessary for preventing greater health disparities. Low-income women are four times more likely than higher-income women to report being in fair or poor health.<sup>1</sup> Additionally, while one-third of California women ages 18-64 (34%) have low incomes,<sup>2</sup> women of color are more likely to be low-income.<sup>3</sup> Low-income women heavily rely on many of the programs targeted for further budget cuts. In 2007, data demonstrated that 6 out of 10 CalWORKS recipients were women<sup>4</sup> and more than 7 in 10 adult Medi-Cal beneficiaries were women, the majority of whom were women of color.<sup>5</sup> Due to the recession, the need for programs such as these has only grown.

Moreover, the Governor's proposals targeting vulnerable immigrants, including drastically reducing Medi-Cal benefits to newly qualified lawful immigrants, is a discriminatory, ineffective cost-savings strategy. Nearly 19 percent of women who obtain their health coverage through Medi-Cal are immigrants.<sup>6</sup> With no other place to turn, they will undoubtedly join the ranks of the uninsured and have limited or no access to preventive care, which in turn, could result in more costly treatment at the emergency room. The current proposals demonstrate a lack of concern for low-income women and immigrants, who should not be forced to shoulder the burden for this economic recession.

**\*Access for Infants and Mothers (AIM)** provides low-cost health insurance for pregnant women to middle-income families without health coverage and whose income is too high to qualify for Medi-Cal.

**Every Woman Counts** provides free breast and cervical cancer screening and diagnostic services for California low-income women who are: 50 or older, age 25 or older for cervical services. (Eligibility for mammograms was changed from 40 to 50 in the fall of 2009.)

**CalWORKS** provides temporary financial assistance and other services to families with minor children if they meet certain requirements.

**Family PACT** (Family Planning, Access, Care, and Treatment) provides reproductive health and family planning services, including access to contraceptives and STI testing and treatment.

**Healthy Families** provides health coverage to low-income children and youth below the age of 18.

*The proposed cuts would severely impact low-income women's access to vitally needed reproductive health care.* The Governor's 2010-11 Budget risks women's lives by proposing to completely eliminate Family PACT, AIM, and Every Woman Counts, among other programs, if California does not receive \$6.9 billion in additional federal funding. A lack of services endangers the lives of low-income women and further exacerbates existing health disparities among women of color. For instance, breast cancer is the leading cause of cancer death among Latinas, primarily due to the fact that Latinas are often diagnosed at a later stage.<sup>7</sup>

*The proposed budget reductions effectively cut funding for vulnerable families multiple times.* Because the proposed reductions in funding target various safety net programs, we are extremely concerned about the budget's compounding impact on low-income families. For instance, of the 6.6 million Medi-Cal beneficiaries, approximately 1.17 million participate in CalWORKS and another 1.23 million are enrolled in the Supplemental Security Income/State Supplementary Program (SSI/SSP), all of which are threatened in the current budget.<sup>8</sup> Moreover, the same vulnerable families will likely also be impacted by proposed cuts in other areas such as education and transportation. Cuts across the safety net would leave low-income families that rely on all these services for their survival with little recourse.

*Youth health education, prevention, and support programs must not be further threatened.* The Centers for Disease Control and Prevention (CDC) reports that one in four teenage girls and nearly half of African-American young women in the United States have a sexually transmitted disease (STD).<sup>9</sup> The Public Health Institute reports that California youth acquire more than one million new sexually transmitted infection (STI) cases annually.<sup>10</sup> However, in the past two budget cycles, the Governor has eliminated and drastically reduced major youth programs, specifically the:

- ✓ Male Involvement Program
- ✓ Information and Education
- ✓ TeenSMART Outreach Program
- ✓ Adolescent Family Life Program (AFLP)

Adolescent health programs, including Family PACT, vitally support positive sexual health outcomes among youth, particularly low-income youth and youth of color. Additionally, sustaining programs that support pregnant and parenting youth are critically important to promote positive health outcomes and educational opportunities for young families.

*Preserving key reproductive health programs not only saves lives, it is also fiscally sound.* In the case of family planning services, California leverages considerable federal matching funds; the state receives \$9 for every dollar spent on family planning services. Drawing down more federal dollars is of the utmost importance for California's economic survival. The Legislature must find alternative sources of revenue in order to maintain critical reproductive health services.

**The Bottom Line: Our leaders must act to preserve the frail safety net in order for women and families to survive and be able to contribute to California's recovery. We understand that balancing the budget – which must reconcile a \$20 billion deficit during the worst economic downturn in over 60 years – is a daunting task. Nonetheless, the state's budget must not be balanced on the backs of low-income women and their families.** Resolving the fiscal crisis without considering revenues is irresponsible at a time when there is a growing need for assistance by families trying to endure the economic downturn. Cuts to vital services, such as health and education, will only increase the number of uninsured, further limit access to care, create a less prepared workforce, and further strain local governments and service providers, ultimately threatening California's survival. California's most valuable asset is its people. For the sake of our state's future, lawmakers must invest in the people of California.

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<sup>1</sup>UCLA Center for Health Policy Research, Health Policy Research Brief, "Health Disparities Among California's Nearly Four Million Low-Income Nonelderly Adult Women", (*Health Disparities 2009*) November 2009. See: <http://www.healthpolicy.ucla.edu/pubs/Publication.aspx?pubID=388>.

<sup>2</sup> Low income in this case is defined by family incomes below 200% of the Federal Poverty Level (FPL).

<sup>3</sup> Health Disparities 2009

<sup>4</sup> California Health Interview Survey, 2007, Ask CHIS, ("CHIS 2007"). See: [www.chis.ucla.edu](http://www.chis.ucla.edu).

<sup>5</sup> California HealthCare Foundation, Medi-Cal Facts and Figures: A Look at California's Medicaid Program, May 2007 ("Medi-Cal Facts & Figures"), at 1. See: [www.cfhc.org](http://www.cfhc.org).

<sup>6</sup> CHIS 2007.

<sup>7</sup> The National Women's Health Information Center, U.S. Department of Health and Human Services, Office of Women's Health. See: [www.womenshealth.gov/minority/hispanicamerican/bc.cfm](http://www.womenshealth.gov/minority/hispanicamerican/bc.cfm).

<sup>8</sup> California Health Interview Survey, 2005, Ask CHIS. See: [www.chis.ucla.edu](http://www.chis.ucla.edu).

<sup>9</sup> Centers for Disease Control. Summaries of Highlighted Research, 11 March 2008. See: <http://www.cdc.gov/stdconference/2008/press/summaries-11march2008.htm#tues1>

<sup>10</sup> Public Health Institute. "Sexually Transmitted Infections Among California Youth: Estimated Incidence and Direct Medical Cost, 2005." October 2007. See: <http://www.csuchico.edu/cjhp/5/3/080-091-jerman.pdf>.