



## ATTACKS ON THE AFFORDABLE CARE ACT, PLANNED PARENTHOOD AND MEDICAID ARE ATTACKS ON REPRODUCTIVE JUSTICE FOR WOMEN OF COLOR

UPDATED SEPTEMBER 2017 | FACT SHEET

*Reproductive justice will be attained when all people have the economic, social and political power and means to make decisions about their bodies, sexuality, health and families. Because of the Affordable Care Act (ACA), millions of women of color have gained access to affordable coverage and critical health care. The ACA is working — in the majority of states, more than 80 percent of women of color ages 18–64 are now insured.<sup>1</sup> Conservative lawmakers are gambling with the health and economic stability of Black, Latina and Asian and Pacific Islander (AAPI) women, families and communities. Women of color will be disproportionately impacted by proposed rollbacks to health care coverage and stand to lose the most if current protections and policies are eliminated. Our health and lives are on the line.*

### REPEAL OF THE ACA WOULD PUSH COVERAGE OUT OF REACH FOR WOMEN OF COLOR, EXACERBATING HEALTH DISPARITIES.

The ACA led to significant coverage gains for women of color,<sup>2</sup> but rolling back the ACA's financial assistance and coverage expansions will lead to women of color losing health coverage. If women lose coverage, this means cutting off access to one of the ACA's most important advancements for women's health: the guarantee of no-cost-sharing coverage of preventive services. Women of color would lose access to the types of services that combat pervasive health disparities, such as contraceptives, screening for breast and cervical cancer and well-woman visits.

- Fifteen million Black people now have coverage for preventive services without cost sharing.<sup>3</sup> Between 2012 and 2014, the uninsured rate among Black women fell by nearly seven percent.<sup>4</sup>
  - Black women have higher breast cancer mortality rates compared to other racial and ethnic groups.<sup>5</sup> In 2010, the Centers for Disease Control and Prevention reported that the breast cancer death rate for Black women aged 45–64 was 60 percent higher than that for white women.<sup>6</sup> Coverage for preventive services without cost sharing removes barriers to care, enabling Black women to access essential health care such as breast cancer screenings.
- Seventeen million Latinos/as now have coverage for preventive services without cost sharing, and between 2012 and 2014, the uninsured rate among Latinas fell by nine percent.<sup>7</sup>
  - Cervical cancer is highly preventable, but Latinas have the highest rates of cervical cancer in the United States.<sup>8</sup> Coverage for preventive services without cost sharing removes barriers to care, enabling Latinas to access essential health care like cervical cancer screenings.
- Eight million Asian-Americans now have coverage for preventive services without cost sharing.<sup>9</sup> Between 2010 and 2015, the uninsured rate among Asian-Americans and Pacific Islanders (AAPI) fell by more than seven percent.<sup>10</sup> Over 2 million Asian-Americans gained coverage under the ACA, giving more AAPI women coverage for preventive services without cost sharing.<sup>11</sup>

- Cancer is the leading cause of death for AAPI communities<sup>12</sup>, and the cervical cancer incidence rate is higher in several Asian-American, Native Hawaiian and Pacific Islander (AANHPI) subgroups than in non-Hispanic whites. For instance, the incidence rate is twice as high in Cambodians as in non-Hispanic whites, and 40 percent higher among Vietnamese women.<sup>13</sup> Coverage for preventive services without cost sharing removes barriers to care, enabling AAPI women to access essential health care like cancer screenings.

### **ATTACKS ON THE ACA'S IMPORTANT PROTECTIONS FOR PEOPLE WITH PRE-EXISTING CONDITIONS WOULD FURTHER EXACERBATE HEALTH DISPARITIES FOR WOMEN OF COLOR.**

Under the ACA, marketplace plans are not able to deny coverage or increase premiums based on prior health conditions or medical history, including for pregnancy and childbirth.<sup>14</sup> Without such protections, already existing health disparities for women of color and their families could be exacerbated. An estimated 133 million Americans have pre-existing conditions,<sup>15</sup> any of whom could have been denied coverage or subject to increased cost without the current ACA protections. Proposals for repealing and replacing the ACA would allow states to waive two ACA protections that are vital to people with preexisting conditions: the Essential Health Benefits and the prohibition against insurers charging higher premiums for those with preexisting conditions.<sup>16</sup> This would open the door for insurance companies to charge individuals with pre-existing conditions astronomically higher premiums, thereby denying them access to affordable coverage.

Prior to the ACA, insurance companies could define pre-existing conditions to include conditions such as asthma, menstrual irregularities, obesity, diabetes, or if someone has ever received mental health treatment, had cancer or been pregnant.<sup>17</sup> Rolling back these protections could allow insurers once again to discriminate against women by allowing them to consider pregnancy, having a C-section or even receiving medical treatment for prior domestic violence as pre-existing conditions.

Repeal of the ACA would put the health of millions of women of color at stake.

- African American women are twice as likely to develop diabetes as white women.<sup>18</sup> And Black women have a 14 percent higher death rate from cancer than non-Hispanic white women, despite a six percent lower incidence rate.<sup>19</sup>
- Hispanic women are twice as likely to develop diabetes as white women.<sup>20</sup> Diabetes affects more than 1 in 10 Hispanics. Among Hispanic women, diabetes affects Mexican-Americans and Puerto Ricans most often.<sup>21</sup> Compared to non-Hispanic whites, cervical cancer incidence rates are 44 percent higher for Latinas, and liver and stomach cancer incidence rates are about twice as high.<sup>22</sup>
- Other health conditions, like the Hepatitis B virus (HBV), were also considered pre-existing conditions prior to the ACA.<sup>23</sup> Chronic HBV affects about 1.3 million people in the United States, and AAPIs account for over half of the chronic hepatitis B cases and resulting deaths.<sup>24</sup> AAPI women are 20 percent more likely to die from viral hepatitis as compared to non-Hispanic whites.<sup>25</sup>

### **DEFUNDING PLANNED PARENTHOOD FROM THE MEDICAID PROGRAM JEOPARDIZES WOMEN OF COLOR'S ACCESS TO CRITICALLY IMPORTANT HEALTH CARE.**

Defunding Planned Parenthood further threatens women of color's access to essential preventive health services, including reproductive health care such as sexually transmitted infection (STI) testing and treatment, contraceptives and counseling and cancer screenings.<sup>26</sup> Planned Parenthood health centers provide high-quality primary and preventive health care to many women of color who otherwise would have nowhere to turn for care. Defunding Planned Parenthood would unravel the safety net that our communities rely on for trusted care.

- In 2014, 15 percent of Planned Parenthood patients were Black,<sup>27</sup> 23 percent were Latino/a<sup>28</sup> and four percent were AAPI.<sup>29</sup>
- Planned Parenthood health centers are a lifeline for quality health care for underserved communities. Fifty-four percent of Planned Parenthood health centers are in underserved areas. In 21 percent of counties with a Planned Parenthood health center, Planned Parenthood is the only safety-net family planning provider, and in 68 percent of counties with a Planned Parenthood health center, Planned Parenthood serves at least half of all safety-net family planning patients.<sup>30</sup>

### **ADDITIONAL RESTRICTIONS ON ABORTION COVERAGE WOULD FURTHER COMPROMISE WOMEN OF COLOR'S ABILITY TO MAKE REPRODUCTIVE HEALTH DECISIONS WITH DIGNITY AND WITHOUT POLITICAL INTERFERENCE.**

Attempts to repeal the ACA also include harsh abortion restrictions, which have the adverse effect of tightening restrictions on those who receive health care tax credits, prohibiting them from purchasing health care plans that include abortion coverage and disincentivizing insurance companies from offering plans that cover abortion care.<sup>31</sup>

- Women of color experience disproportionately high rates of unintended pregnancy and<sup>32</sup> are more likely to live in poverty,<sup>33</sup> and thus less likely to be able to afford abortion care (or other health care) out of pocket.
- When politicians restrict insurance coverage of abortion care, low-income families, people of color, immigrant women and young people are hardest hit. A recent study found that a woman who seeks but is denied abortion care is three times more likely to fall into poverty than a woman who is able to get the care she needs.<sup>34</sup>

### **ATTACKS ON THE MEDICAID PROGRAM WOULD TAKE AWAY HEALTH CARE FROM MILLIONS OF WOMEN OF COLOR.**

Ending the ACA's Medicaid expansion and slashing billions in federal funding would leave millions of women and families<sup>35</sup> without health care coverage and increase health and economic disparities for communities of color. Medicaid is integral to women's health. Medicaid finances more than half of all births in the United States, and accounts for 75 percent of all public dollars spent on family planning.<sup>36</sup> One in five women of reproductive age, and nearly half (48 percent) of all low-income women of reproductive age, are enrolled in the Medicaid program.

Under these same proposals, new mothers who are enrolled in Medicaid could be forced to return to work within 60 days after giving birth in order to keep their Medicaid coverage. These harsh work requirements are unnecessary and are an attack on women of color's ability to make thoughtful decisions about their health and the way they choose to raise their children. Work requirements such as these prey on stereotypes that stigmatize mothers of color. Rather than provide incentives to work, these requirements can further push women of color and their children into poverty by eliminating health care coverage when they need it most. Medicaid is particularly important for women of color.<sup>37</sup>

- Nearly one-third (31 percent) of Black women of reproductive age are enrolled in the Medicaid program.<sup>38</sup>
- More than one quarter (27 percent) of Latinas of reproductive age are enrolled in the Medicaid program.<sup>39</sup>
- Nearly one-fifth (19 percent) of AAPI women are enrolled in the Medicaid program. The program is particularly important for Southeast Asian and Pacific Islander women.<sup>40</sup> For example, 62 percent of Bhutanese women, 43 percent of Hmong women and 32 percent of Pakistani women currently receive their insurance through Medicaid.<sup>41</sup>

## **INCREASING COST SHARING AND PREMIUMS HITS WOMEN OF COLOR HARDEST BECAUSE OF GENDER- AND RACE-BASED WAGE GAPS.**

The ACA provides financial assistance that low- to middle-income families need to afford coverage. Repealing the law and replacing it with substantially lower financial assistance would result in millions losing coverage.

Repeal of the ACA would put health care coverage out of reach for many, but for those who can retain coverage, the erosion of Essential Health Benefits standards could drastically increase cost sharing. By gutting the Essential Health Benefits provision, coverage for maternity and newborn care, mental health services, and certain pediatric services, among other benefits that women of color depend on, could be denied. Approximately 13 million women who gained access to maternity coverage under the ACA<sup>42</sup> would stand to lose their coverage.

Possible replacements could include a continuous coverage provision that would allow companies to charge exorbitant penalties for those who have experienced a gap in coverage. Increasing premiums, higher cost sharing and soaring penalties would hit women of color harder because they already earn less due to pervasive racial and gender inequalities. If the ACA were repealed, additional burdens would be placed on low- to middle-income women of color as quality, comprehensive health coverage is pushed out of reach. This would also exacerbate the already high rates of poverty experienced by Black,<sup>43</sup> Latina<sup>44</sup> and AAPI women.<sup>45</sup>

- Black women are typically paid 63 cents for every dollar paid to white, non-Hispanic men.<sup>46</sup>
- Latinas are paid 54 cents for every dollar paid to white, non-Hispanic men.<sup>47</sup>
- While Asian-American women as a whole earn 87 cents for every dollar paid to white, non-Hispanic men,<sup>48</sup> Southeast Asian and Pacific Islander women experience some of the widest wage gaps compared to other racial and ethnic groups. For example, Burmese and Marshallese women make only 44 cents for every dollar paid to white, non-Hispanic men.<sup>49</sup>

## **Attacks on the ACA, on Planned Parenthood, or on our nation's Medicaid Program would have a devastating, long-term impact on women of color's health, economic security and progress.**

### **These are attacks on reproductive justice.**

---

<sup>1</sup> National Women's Law Center. (2017, February). *Affordable Care Act Repeal Threatens the Health and Economic Security of 5.1 Million Women of Color Who Recently Gained Insurance Coverage*. Retrieved 17 March 2017, from <http://nwl.org/wp-content/uploads/2017/02/WOC-Health-Coverage-by-State.pdf>

<sup>2</sup> Ibid.

<sup>3</sup> Garrett, B., & Gangopadhyaya, A. (2016, December). *Who Gained Health Insurance Coverage Under the ACA, and Where Do They Live?* Urban Institute Health Policy Center. Retrieved 17 March 2017, from <http://www.urban.org/sites/default/files/publication/86761/2001041-who-gained-health-insurance-coverage-under-the-aca-and-where-do-they-live.pdf>; U.S. Department of Health and Human Services. (2015, May). *The Affordable Care Act is Improving Access to Preventive Services for Millions of Americans*. Retrieved 9 February 2017, from

<https://aspe.hhs.gov/sites/default/files/pdf/139221/The%20Affordable%20Care%20Act%20is%20Improving%20Access%20to%20Preventive%20Services%20for%20Millions%20of%20Americans.pdf>

<sup>4</sup> U.S. House of Representatives Committee on Energy and Commerce, Democratic Staff Report. (2016, December). *Turning Back the Clock: Republican Plans to Repeal the Affordable Care Act Will Reverse Progress for Women at 10*. Retrieved 19 September 2017, from

<http://democratsenergycommerce.house.gov/sites/democrats.energycommerce.house.gov/files/documents/ACA%20Womens%20Health%20FINAL.pdf>

<sup>5</sup> Black Women's Health Imperative. *Breast Cancer*. Retrieved 20 March 2017 from <http://www.bwhi.org/issues/breast-cancer/breast-cancer/>

<sup>6</sup> Ibid.

<sup>7</sup> U.S. House of Representatives Committee on Energy and Commerce, Democratic Staff Report. (2016, December). *Turning Back the Clock: Republican Plans to Repeal the Affordable Care Act Will Reverse Progress for Women at 10*. Retrieved 16 December 2016, from <http://democrats-energycommerce.house.gov/sites/democrats.energycommerce.house.gov/files/documents/ACA%20Womens%20Health%20FINAL.pdf>; U.S. Department of Health and Human Services. (2015, May). *The Affordable Care Act is Improving Access to Preventive Services for Millions of Americans*. Retrieved 9 February 2017, from

<https://aspe.hhs.gov/sites/default/files/pdf/139221/The%20Affordable%20Care%20Act%20is%20Improving%20Access%20to%20Preventive%20Services%20for%20Millions%20of%20Americans.pdf>

- <sup>8</sup> Centers for Disease Control and Prevention. (2016, June 16). *Cervical Cancer Rates by Race and Ethnicity, 2015*. Retrieved 16 March 2017, from <http://www.cdc.gov/cancer/cervical/statistics/race.htm>
- <sup>9</sup> U.S. Department of Health and Human Services. (2015, May). *The Affordable Care Act is Improving Access to Preventive Services for Millions of Americans*. Retrieved 9 February 2017, from <https://aspe.hhs.gov/sites/default/files/pdf/139221/The%20Affordable%20Care%20Act%20is%20improving%20Access%20to%20Preventive%20Services%20for%20Millions%20of%20Americans.pdf>
- <sup>10</sup> U.S. Census Bureau. (2010 and 2015). *American Community Survey 1-Year Estimates*, Table S0201. Retrieved 21 February 2017, from [https://factfinder.census.gov/faces/tableservices/jsf/pages/productview.xhtml?pid=ACS\\_15\\_1YR\\_S0201&prodType=table](https://factfinder.census.gov/faces/tableservices/jsf/pages/productview.xhtml?pid=ACS_15_1YR_S0201&prodType=table)
- <sup>11</sup> Chu, R., Wong, D., Robinson, W., & Fingold, K. (2012, April 1). *The Affordable Care Act and Asian Americans and Pacific Islanders*. Office of the Assistant Secretary for Planning and Evaluation. Retrieved 22 March 2017, from <https://aspe.hhs.gov/report/affordable-care-act-and-asian-americans-and-pacific-islanders>
- <sup>12</sup> American Cancer Society. (2016). *Special Section: Cancer in Asian Americans, Native Hawaiians, and Pacific Islanders at 26*. Retrieved 16 March 2017, from <https://www.cancer.org/content/dam/cancer-org/research/cancer-facts-and-statistics/annual-cancer-facts-and-figures/2016/special-section-cancer-in-asian-americans-native-hawaiians-and-pacific-islanders-cancer-facts-and-figures-2016.pdf>
- <sup>13</sup> American Cancer Society. (2016). *Special Section: Cancer in Asian Americans, Native Hawaiians, and Pacific Islanders at 34*. Retrieved 16 March 2017, from <https://www.cancer.org/content/dam/cancer-org/research/cancer-facts-and-statistics/annual-cancer-facts-and-figures/2016/special-section-cancer-in-asian-americans-native-hawaiians-and-pacific-islanders-cancer-facts-and-figures-2016.pdf>
- <sup>14</sup> Health Care.Gov. *Health Coverage for Pre-Existing Conditions*. Retrieved 10 May 2017, from <https://www.healthcare.gov/coverage/pre-existing-conditions>.
- <sup>15</sup> Department of Health & Human Services. (2017, January 5). *Health Coverage for Americans with Pre-Existing Conditions: The Impact of the Affordable Care Act*. Retrieved 10 May 2017, from <https://aspe.hhs.gov/system/files/pdf/255396/Pre-ExistingConditions.pdf>
- <sup>16</sup> Hayes, Tara O'Neill. (2017, May 10). *Fact Versus Fear: The AHCA and Pre-Existing Conditions*. Retrieved 10 May 2017 from, <https://www.americanactionforum.org/insight/fact-versus-fear-ahca-pre-existing-conditions/>
- <sup>17</sup> Henry J. Kaiser Family Foundation. (2016, December). *Pre-existing Conditions and Medical Underwriting in the Individual Insurance Market Prior to the ACA*. Retrieved 10 May 2017, from <http://kff.org/health-reform/issue-brief/pre-existing-conditions-and-medical-underwriting-in-the-individual-insurance-market-prior-to-the-aca/>
- <sup>18</sup> Office on Women's Health. (2016, July 13). *Diabetes and African Americans*. U.S. Department of Health and Human Services. Retrieved 10 May 2017, from <https://minorityhealth.hhs.gov/omh/browse.aspx?lvl=4&lvlid=18>
- <sup>19</sup> American Cancer Society Inc. (2016). *Cancer Facts and Figures 2016*. Retrieved 10 May 2017, from <http://www.cancer.org/acs/groups/content/@research/documents/document/acspc-047079.pdf>
- <sup>20</sup> Office on Women's Health. (2017, June 12). *Diabetes: Do women of color need to worry about diabetes?* U.S. Department of Health and Human Services. Retrieved 19 September 2017, from <https://www.womenshealth.gov/a-z-topics/diabetes>
- <sup>21</sup> Ibid.
- <sup>22</sup> American Cancer Society Inc. (2016). *Cancer Facts and Figures 2016*. Retrieved 10 May 2017, from <http://www.cancer.org/acs/groups/content/@research/documents/document/acspc-047079.pdf>
- <sup>23</sup> Gordon, E. (2017, April 15). *U.S. Health Care Wrestles With the 'Pre-Existing Condition'*. National Public Radio. Retrieved 10 May 2016, from <http://www.npr.org/sections/health-shots/2017/04/15/523577871/u-s-health-care-wrestles-with-the-pre-existing-condition>
- <sup>24</sup> Do, T.N., & Nam, S. (2014, August 20). *Knowledge, Awareness and Medical Practice of Asian Americans/Pacific Islanders on Chronic Hepatitis B Infection*. Pogon Sahoe Yongu 37(3): 341-364. Retrieved 10 May 2017, from <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4139091/pdf/nihms440000.pdf>
- <sup>25</sup> Kochanek, K., Murphy, S. et al. (2016, June 30). *National Vital Statistics Reports: Deaths: Final Data for 2014*. Centers for Disease Control and Prevention. 65(4): 1-122. Retrieved 15 May 2017, from [https://www.cdc.gov/nchs/data/nvsr/nvsr65/nvsr65\\_04.pdf](https://www.cdc.gov/nchs/data/nvsr/nvsr65/nvsr65_04.pdf)
- <sup>26</sup> Planned Parenthood. (2016). *Fact Sheet: This is Who We Are*. Retrieved 16 March 2017, from [https://www.plannedparenthood.org/files/6814/6833/9709/20160711\\_FS\\_General\\_d1.pdf](https://www.plannedparenthood.org/files/6814/6833/9709/20160711_FS_General_d1.pdf)
- <sup>27</sup> Planned Parenthood. (2016, December 7). *The Urgent Need for Planned Parenthood Health Centers*. Retrieved 16 March 2017, from [https://www.plannedparenthood.org/files/4314/8183/5009/20161207\\_Defunding\\_fs\\_d01\\_1.pdf](https://www.plannedparenthood.org/files/4314/8183/5009/20161207_Defunding_fs_d01_1.pdf)
- <sup>28</sup> Ibid.
- <sup>29</sup> Planned Parenthood. (2015). Unpublished raw data.
- <sup>30</sup> Planned Parenthood. (2016, December 7). *The Urgent Need for Planned Parenthood Health Centers*. Retrieved 16 March 2017, from [https://www.plannedparenthood.org/files/4314/8183/5009/20161207\\_Defunding\\_fs\\_d01\\_1.pdf](https://www.plannedparenthood.org/files/4314/8183/5009/20161207_Defunding_fs_d01_1.pdf) (citing Letter from Jennifer J. Frost, Principal Research Scientist, Guttmacher Institute, to Lisa Ramirez-Brannum, Analyst, Congressional Budget Office (CBO). (2015, August 14)).
- <sup>31</sup> National Partnership for Women and Families. (2017, March). *House Republicans' Repeal Bill Would Harm Women and Families*. Retrieved 16 March 2017, from <http://www.nationalpartnership.org/research-library/health-care/aca-fact-sheets/house-republicans-repeal-bill-would-harm-women-and-families.pdf>
- <sup>32</sup> Guttmacher Institute. (2016, February 29). *Despite Recent Declines, Unintended Pregnancy Rates in the U.S. Remain High Among Women of Color*. Retrieved 16 March 2017, from <https://www.guttmacher.org/infographic/2016/despite-recent-declines-unintended-pregnancy-rates-us-remain-high-among-women-color>
- <sup>33</sup> National Women's Law Center. (2015, September). *National Snapshot: Poverty Among Women & Families, 2014*. Retrieved 16 March 2017, from <http://nwlc.org/wp-content/uploads/2015/08/povertynsaphot2014.pdf>
- <sup>34</sup> Foster, D., Dobkin, L., & Upadhyay, U. (2013, January). Denial of Abortion Care Due to Gestational Age Limits. *Contraception*, 87(1). Retrieved 16 March 2017, from <https://www.ncbi.nlm.nih.gov/pubmed/23122688>
- <sup>35</sup> Congressional Budget Office. (2017, March 13). *American Health Care Act*. Retrieved 10 May 2017, from <https://www.cbo.gov/publication/52486>.
- <sup>36</sup> Sonfield, A. (2017). Why Protecting Medicaid Means Protecting Sexual and Reproductive Health. *Guttmacher Policy Review*, 20, 39-40. Retrieved 16 March 2017, from [https://www.guttmacher.org/sites/default/files/article\\_files/gpr2003917.pdf](https://www.guttmacher.org/sites/default/files/article_files/gpr2003917.pdf)
- <sup>37</sup> Sonfield, A. (2017). Why Protecting Medicaid Means Protecting Sexual and Reproductive Health. *Guttmacher Policy Review*, 20, 39-40. Retrieved 16 March 2017, from [https://www.guttmacher.org/sites/default/files/article\\_files/gpr2003917.pdf](https://www.guttmacher.org/sites/default/files/article_files/gpr2003917.pdf)
- <sup>38</sup> Ibid.
- <sup>39</sup> Ibid.
- <sup>40</sup> NAPAWF calculations based on American Community Survey (ACS) 2015 1-year using Ruggles, S., Genadek, K., Goeken, R., Grover, J., & Sobek, M. (2015). *Integrated Public Use Microdata Series: Version 6.0* [dataset]. Minneapolis: University of Minnesota. Retrieved 16 March 2017, from <https://usa.ipums.org/usa/>
- <sup>41</sup> Ibid.
- <sup>42</sup> National Women's Law Center. (May 2013). *Fact Sheet: Women and the Health Care Law in the United States*. Retrieved 10 May 2017, from <https://nwlc.org/resources/women-and-health-care-law-united-states/>.
- <sup>43</sup> Guerra, M. (2013, November 7). *Fact Sheet: The State of African American Women in the United States*. Center for American Progress. Retrieved 16 March 2017, from <https://www.americanprogress.org/issues/race/reports/2013/11/07/79165/fact-sheet-the-state-of-african-american-women-in-the-united-states/>
- <sup>44</sup> Jackson, M. (2013, November 7). *Fact Sheet: The State of Latinas in the United States*. Center for American Progress. Retrieved 16 March 2017, from <https://www.americanprogress.org/issues/race/reports/2013/11/07/79167/fact-sheet-the-state-of-latinas-in-the-united-states/>
- <sup>45</sup> Ramakrishnan, K., & Ahmad, F. (2014, July 21). *Income and Poverty*. Center for American Progress. Retrieved 16 March 2017, from <https://cdn.americanprogress.org/wp-content/uploads/2014/08/AAP-IPoverty.pdf>
- <sup>46</sup> National Partnership for Women & Families. (2017, September). *Fact Sheet: Quantifying America's Gender Wage Gap by Race*. Retrieved 21 September 2017, from <http://www.nationalpartnership.org/research-library/workplace-fairness/fair-pay/quantifying-americas-gender-wage-gap.pdf>
- <sup>47</sup> Ibid.
- <sup>48</sup> Ibid.
- <sup>49</sup> National Asian Pacific American Women's Forum. (2017). *Fighting Invisibility, Closing the Gap*. Retrieved 16 March 2017, from [https://napawf.org/wp-content/uploads/2017/03/FIGHTING-INVISIBILITY\\_FINAL.pdf](https://napawf.org/wp-content/uploads/2017/03/FIGHTING-INVISIBILITY_FINAL.pdf)