Making the Case for Latinas’ Reproductive Health and Justice Policy
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California Latinas for Reproductive Justice (CLRJ) is a statewide policy and advocacy organization whose mission is to advance California Latinas’ reproductive health and rights within a social justice and human rights framework. CLRJ works to ensure that policy developments reflect Latinas’ priority needs, as well as those of their families and their communities.

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# Table of Contents

I. Overview ........................................................................................................................................... 1

II. Methodology ....................................................................................................................................... 6

III. Key Issue Findings ............................................................................................................................. 8

IV. Key Accessibility Findings .................................................................................................................. 16

V. Recommendations ............................................................................................................................... 21

VI. Conclusion ......................................................................................................................................... 26

Appendix A: Interview Questionnaire .................................................................................................... 28

Appendix B: Online Resources ................................................................................................................ 30

Acknowledgements .................................................................................................................................... 32
OVERVIEW

Who make up the many faces of California’s Latinas? What are their views on pregnancy and abortion? What factors affect Latinas’ access to reproductive health services? How does the role of family, economics or culture affect Latinas’ decisions concerning reproductive and sexual health? How does immigration status affect Latinas’ ability to keep their families together? What resources are available to promote the health and opportunities of young Latinas?

In Making the Case for Latinas’ Reproductive Health and Justice Policy, California Latinas for Reproductive Justice (CLRJ) sought to assess the existing level of research that answers these and other questions in order to inform the policymaking process surrounding California Latinas’ reproductive and sexual health. In doing so, CLRJ analyzed the viewpoints of key stakeholders, including policy advocates, community leaders and researchers, concerning the accessibility and usefulness of existing research involving California Latinas. As a result, this report illustrates some of the most pressing gaps in the accessibility of policy-relevant and community informed research addressing Latinas’ reproductive and sexual health concerns. It also demonstrates the critical need for improving the breadth and depth of research involving Latinas while developing innovative dissemination strategies to ensure that key findings are reaching both policymakers and the communities most directly affected by reproductive and sexual health policies.

"[It is] hard to find data specific to Latinas that is current and California based; I mostly look at national numbers. But even then, the data is not in the way that you need it; sometimes just [the] number of incidences or certain rates will be provided, but [I] am not able to break it down by Latinas, nor by gender or age.” — Advocate

KEY QUESTIONS EXPLORED

The scope of this qualitative research project included assessing the availability of research – via one-on-one interviews with a range of targeted stakeholders and through online data source analysis – that is accessible to policymakers, advocates and community leaders. The specific topic areas addressed reflect the following core policy goals identified by CLRJ for advancing Latinas’ reproductive health and justice:

1. Ensure 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 through California’s health care policies and programs in order to improve their overall health outcomes and opportunities.

2. Promote access to policies and programs that provide unbiased, comprehensive, culturally and linguistically appropriate reproductive and sexual health education for Latina/o communities, with a focus on young Latinas (ages 18-24) and Latina/o youth (ages 12-17).

3. Protect and strengthen young Latinas’ access to comprehensive reproductive health services and preserve minors’ legal rights to confidential services.

4. Promote leadership development, advocacy and mobilization to advance a Latina reproductive justice framework that reflects the health, cultural, social, economic, and environmental needs and priorities of Latinas and their communities.
**Key Findings**

The stakeholder interviews identified the following key findings as they relate to the central questions noted above:

- Significant data gaps exist concerning community-informed research addressing Latinas’ pressing reproductive and sexual health needs, priorities and opinions.

- The existing Latina data reflects a range of accessibility challenges, including:
  - The research vehicles do not adequately provide the information needed to inform the policy making process or community leaders’ needs concerning Latinas’ reproductive and sexual health issues.
  - The existing research designs lack cultural competency.
  - The research is not accessible because advocates and community members lack the resources to pay for academic or professional journals or the connections to subscribe to these sources.
  - Latina-specific data sources are not readily available.
  - The language in which the data is presented is highly academic and inaccessible.

In addressing the existing research gaps, most stakeholders agreed that data is either lacking or virtually inaccessible on issues surrounding:

- Latinas’ perceptions and attitudes about abortion;
- The critical role that family and the community play in seeking care; and
- The societal factors that underlie access to reproductive health services and information.

Other prominent research needs include data surrounding:

- Young Latinas’ access to quality, comprehensive and confidential reproductive and sexual health services and education;
- The unique challenges that immigrant Latinas face in accessing services;
- The continued access barriers to reproductive health information and services faced by the most underserved Latinas; and
- The extent to which stereotypes concerning Latinos’ views about reproductive and sexual health issues affect and drive public policies.

“The groups that serve Latinas should be asking what the pressing issues are and that should drive the research, as opposed to what the big university centers think should be studied.” — Advocate
Many stakeholders indicated that research addressing Latinas rarely is designed to delve into complexities within Latina subgroups and the disparate views they may hold on such issues. Instead, the scant research that exists typically compares Latinas with women from other racial and ethnic groups.

Stakeholders expressed the important need for research that differentiates among Latinas’ country of origin, educational and economic background, age, sexual identity, length of time living in the United States and language preference, in order to better inform their work in promoting tailored policies and programs to address Latinas’ reproductive and sexual health needs.

The findings developed through this project highlight the critical roles that advocates and community members play in framing research initiatives that inform the existing gaps concerning Latinas’ reproductive health priorities. As evidenced by the stakeholders, the absence of community inclusion may lead to research that lacks insight about the most pressing community needs or lacks the cultural competency that is critical to obtaining essential data. Stakeholders identified community-participatory research as an important component to avoid the disconnect between research that is being conducted and research that is actually needed to promote Latinas’ health and well-being. Moreover, it is essential for advocates and community members to have an integral voice in developing the messaging necessary to reach the Latina/o community and the most appropriate methods of disseminating research findings.
Recommendations for Promoting Accessible, Community-Informed and Policy Relevant Research

In order to fully inform the policymaking and advocacy process, stakeholders provided a range of recommendations for promoting accessible, community-informed research concerning Latinas’ reproductive and sexual health priorities. In particular, stakeholders highlighted the need for intermediary organizations to serve as a liaison among community members, advocates and research institutions. Intermediary organizations would not only serve to facilitate the research to be more community-informed and accessible, but also serve to encourage researchers to build community leaders’ capacities to conduct their own research.

Another important recommendation for gaining access to newly gathered data that has not yet been released in an academic journal is for researchers to share this information with community leaders and advocates via brief documents as a way to effectively inform policy efforts in a timely manner.

Stakeholders unanimously expressed the significance of combining statistical information with personal stories in order to bring the data to life and humanize the health concerns.
CLRJ conducted 26 interviews with a range of California-based stakeholders in three categories: (1) policy advocates addressing reproductive health/rights/justice, environmental health and justice, intimate partner and state violence; (2) community leaders, organizers and service providers within the key subject areas, including Promotoras and farm worker leaders; and (3) researchers with an expertise in the target subject areas. Eighteen interviews were conducted face-to-face and eight were conducted via telephone. (Please see Appendix A for the interview questionnaire.)

In addition to the interviews, CLRJ analyzed 28 target online data sources from government agencies, university-based and non-profit research organizations that address reproductive health issues and/or Latinas. (Please see Appendix B for the online resources.)

The research design entailed exploring the Key Questions posed above.

The following are highlights of reproductive and sexual health topic areas addressed during the stakeholder interviews and online assessment:

<table>
<thead>
<tr>
<th>Reproductive &amp; Sexual Health Topics</th>
<th>Examples</th>
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| Preventive Women’s Health Services | • Breast cancer screenings  
                                       • Pap tests  
                                       • Annual health exams |
| Reproductive and Sexual Health-Related Services | • Birth control/contraception  
                                                       • Emergency contraception  
                                                       • Abortion  
                                                       • Pre-natal and post-partum care  
                                                       • Maternity care  
                                                       • Sexually transmitted infection (STI) testing, treatment and counseling |
| Reproductive and Sexual Health Technologies | • Human papillomavirus (HPV) vaccine  
                                                      • Pre-natal diagnosis/genetic testing  
                                                      • Fertility screenings and treatment |
| Culturally and Linguistically Competent Reproductive/Sexual Health Education and Outreach | • Community-based health care models  
• Promotoras programs  
• Popular education materials (e.g., foto-novelas, posters, social marketing materials) |
|---|---|
| Publicly-Funded Health Care and Reproductive Health Programs | • Medi-Cal  
• Family PACT  
• Healthy Families  
• Safety net providers |
| Comprehensive Sexuality Education | • Availability and accessibility of comprehensive, medically accurate and unbiased sexual health education curricula for Latina/o students in public schools and other sexual health education programs  
• Public opinion related to comprehensive sexuality education among Latina/o voters, parents and/or youth |
| Family Communication About Sexuality | • Availability of communication tools and resources for Latina/o families concerning how to have voluntary conversations about sexuality  
• Public opinion related to family communication about sex among Latina/o voters, parents and/or youth |
| Confidential Reproductive Health Services for Young Latinas | • Birth control/contraception  
• Emergency contraception  
• Abortion  
• Sexually transmitted infection (STI) testing, treatment and counseling  
• Youth-focused services (e.g., teen clinics, peer counselors/educators)  
• School-based clinics and services |
| Health Access and Reproductive Health Services for Pregnant and Parenting Latina Youth | • Availability, access, and quality of reproductive/sexual health services for pregnant and parenting Latina youth, including those in continuation schools or other non-traditional settings |
| Intersection of Reproductive Health and Violence | • Reproductive health services for Latinas who have survived intimate partner violence, including teen dating violence  
• Effect of intimate partner violence and sexual assault on Latinas’ reproductive health and justice  
• Availability, access, and nature of reproductive health services for Latinas who have been/are incarcerated or are subject to detention |
| Intersection of Reproductive Justice and Environmental Justice | • Effect of environmental toxins found in personal care products targeting Latina consumers on reproductive health  
• Effect of environmental toxins found in the workplace |
**Key Issue Findings:**

**Critical Areas to be Addressed in Latinas’ Reproductive and Sexual Health Research**

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**Significant Data Gaps Exist Surrounding California-based Latinas and Abortion.**

Although California accounts for 17.3 percent of abortions conducted in the United States', significant data gaps exist concerning Latinas’ abortion rates in this state, since California does not track these statistics. There is a dire need for complete statistical information gathered about how abortion rates vary among Latinas of different ages, generations, countries of origin and geographic diversity. Moreover, very little is known about where Latinas obtain abortions. Such data is essential to inform policy developments related to service access, delivery and the development of culturally and linguistically competent care and health information programs.

In depth research findings are critical to address the widespread misperception that Latinas do not obtain abortions, when in fact, abortion rates among Latinas are higher than those among non-Latina white women. Dispelling this perception would support advocates’ and providers’ observations that there is a need to improve and increase Latinas’ access to abortion services.

Similarly, limited research exists concerning Latinas’ attitudes and perceptions about abortion. The subtleties surrounding Latinas’ views about and experiences with pregnancy termination – whether in the United States or in their country of origin where abortion may not have been legal – are not reflected in policy accessible research studies or public opinion polls. Data addressing what Latinas/os think about abortion is primarily relegated to perceptions about the legality of

“*It is important to look [at] nationality, and not just ethnicity, and do a serious survey on Latinas and their attitudes on abortion because they are more permissive than people think.*”
— Researcher
abortion services, or whether or not they support abortion restriction laws. Research documenting the complexity of Latinas’ intersecting access barriers, or other reasons informing the pregnancy termination decision, is lacking among accessible research sources.

The contextual social, economic, cultural and personal factors underlying Latinas’ decisions concerning pregnancy termination – well-known to health and social service providers – are not reflected in the data and therefore make it difficult to inform the development of policies and programs that are tailored to meet the needs of California’s Latina populations. Latina-specific research is critical to inform policy initiatives relating to the availability of comprehensive reproductive health services and other social supports for Latinas. As one researcher pointed out, these initiatives are particularly essential for Latinas who do not wish to terminate their pregnancies but feel it is the only viable option. Another researcher added that this type of qualitative data may also help to identify factors and/or services that may influence contraception use and aid in planning and timing pregnancies.

Community leaders emphasized the need for data concerning anti-abortion strategies – such as “crisis pregnancy centers” in Latina/o neighborhoods, biased media reporting and messaging – in order to assess the effect they have on Latinas, their families and their communities. This information could aid advocates in challenging false or misleading claims targeting Latina/o consumers while providing them with valuable insight in order to develop culturally and linguistically competent programs.

- Young Latinas Are in Vital Need of Quality Reproductive Health Services, Education and a Range of Social Supports.

Although birth rates for California adolescents have declined in the past two decades, young Latinas continue to experience higher rates when compared with other California teens. Research conducted in this area continues to primarily focus on identifying prevention strategies in order to mitigate perceptions of teens’ “risky” behavior and the societal consequences. While prevention of unintended pregnancies and sexually transmitted infections (STIs) are important factors in promoting youth sexual health, the research

“It is important to make sure we are not just increasing access to abortion services, but also social services so that women have real choices, since abortion is the default for some women – which is not much of a ‘choice’ at all.” — Researcher

“Assuming Latinas can obtain services, there is a dire need for a space to talk about abortion.” — Researcher
in this area seriously fails to assess the broader health, educational, cultural and systemic factors underlying these outcomes. As a result, insight on potentially important indicators such as the availability of comprehensive sexuality education, contraception access and use, family dynamics, access to quality education, future goals and expectations, economic opportunities, dating violence and the incidence of pregnancy controlling behavior, are rarely if at all explored.

For example, a community-based health educator, or Promotora, pointed out that “some members of our community have a very different way of looking at the teenage pregnancy issue in the U.S. [compared to] other places where women come from. For many, the girls start their families when they are 15-16 years old, and therefore [it is] not considered teenage pregnancy. So for some girls, this is a choice that they are making.”

In addition, although California has explicit policies addressing comprehensive sexuality education in the school and community contexts, and a range of state-funded programs related to sexual health education, very little research and evaluation is readily available for advocates and community leaders who seek to improve program development and draw on successful models and strategies reaching Latina/o youth. As a result, comprehensive sexuality education advocates claim that schools and programs continue to be funded for which their effectiveness and cultural competency is not widely known.

Scarce research exists addressing paradigms that focus on health, educational and social support networks for pregnant or parenting youth. One advocate stated that “more research is needed to show increased positive outcomes for teen parents, such as completing high school education, as opposed to continuing to vilify youth for being young parents.” Stakeholders highlighted data gaps addressing issues such as delaying second pregnancies, increasing the role of male partners and promoting educational attainment and future opportunities.
Stakeholders identified family communication about sexuality as a significant research need. In particular, stakeholders stressed the importance of research addressing effective strategies to support Latina/o youth and family/caregiver communication about reproductive and sexual health. According to health educators, the commonly held misperceptions that Latina/o parents and caregivers do not talk about sexuality may be dismantled once they are provided with the tools to do so. Advocates have witnessed broad support among parents who wish to speak with their youth about sexuality, despite their discomfort, and actually do engage in those conversations once they are equipped with the proper resources.

“There is an assumption about passivity – especially for Latina youth.”
— Researcher and Practitioner

**Addressing the Reproductive Health and Justice Needs of Young Latinas Facing Unique Circumstances**

**Incarcerated Pregnant & Parenting Youth**

Incarcerated youth face many challenges in obtaining health care services generally, and reproductive health care specifically. Significant data gaps exist regarding the number of Latina incarcerated pregnant or parenting youth at either the statewide or national levels. This lack of research makes advocating for reproductive health care services or comprehensive sexuality education for youth in these settings very difficult.

Research is also essential to expose the incidence and prevalence of reproductive aggression, such as coerced abortions and miscarriages, in these institutions. Thus far, advocates on the ground have anecdotal information which is limited in its impact upon policy change.

**Young Latinas & Intimate Partner Violence**

Young women ages 16-24 experience the highest rates of domestic violence, according to advocates and service providers. However, as one stakeholder emphasized:

> [T]he movement is just addressing dating violence and realizing that youth in high school and college are experiencing alarming rates of violence. But the research is not there to help us. We need to understand [the] prevalence of violence in this group and ways to reach them. Young women are accepting violence in relationships because [they] do not have good models for relationships.
Advocates also acknowledged that research needs to identify with whom, if not caregivers, Latina/o youth feel most at ease when broaching the topic of sexuality. One advocate stated that it was imperative to ensure that Latina/o youth receive “unbiased information that will not only help them make informed decisions about their reproductive health, but also feel that they are supported in their decisions.”

■ The Available Research Fails to Document Immigrant Latinas’ Diversity or Address Their Unique Reproductive Health and Justice Needs.

Advocates state that the most common reasons why immigrant Latinas avoid seeking or delay health care services include:

- Lack of health insurance or other means of payment;
- Lack of familiarity with health care provision services and their rights to seek them;
- Fear of apprehension based on their immigration status;
- Lack of culturally and linguistically competent services;
- Transportation and child care difficulties; and
- Preference for home remedies or other alternative forms of treatment.

It is essential to conduct research that addresses ways of ameliorating the challenges faced by Latina immigrants in accessing and utilizing health services that are available to them, including the comprehensive spectrum of reproductive health care services.

Another challenge in the research involves the clustering of all Latina immigrants into one group, rather than differentiating among ethnicity, nativity or generation. For example, a Promotora working with Latina farm workers pointed out that native women from Latin America are clumped as being Latina, even though they may not speak or understand Spanish. This one-dimensional presentation of Latinas points to the lack of cultural sensitivity that continues to prevail in the data.

A research stakeholder stated that, in some cases, the location of Latinas’ current home community influenced their views and behaviors more than their ancestry, and that this should also be taken into account when analyzing data. All of these variations and distinctions are critical to inform policy and program development that is tailored to reach target Latina immigrant communities with both linguistic and cultural competence.

“Immigrant women bring with them traditional beliefs, attitudes and practices related to health.” — Promotora
ADDRESSING THE REPRODUCTIVE HEALTH AND JUSTICE NEEDS OF IMMIGRANT LATINAS FACING UNIQUE CIRCUMSTANCES

The Effect of Detention and Deportation on Health, Dignity and Family Unity
A significant data gap exists demonstrating the number of immigrant Latinas ordered to remain in detention centers or pending deportation. Research documenting how many have experienced the revocation of parental rights causing family separation is also unavailable.

“When undocumented women are deported, their parental rights are terminated. They are not allowed to choose the person [whom] will have custody of their children – someone [who] they trust and [who] will speak on their behalf.” — Advocate

Similarly, the extent of incarcerated immigrant Latinas remains undocumented. Although advocates continue to observe an alarming number of incarcerated Latinas who have been forced to undergo hysterectomies and other medical procedures without full informed consent, there is no aggregated data indicating the extent of these shocking practices. Advocates on behalf of imprisoned women state that they do not have numbers of the women getting these surgeries broken down by race; do not have numbers of children whose parental rights have been terminated – and much less broken down by race; do not have numbers of children now in foster care because of imprisonment of parents broken down by race; and do not have the number of pregnant women in the prison system broken down by race.

Research addressing these conditions and documenting violations of incarcerated and detained Latinas’ human rights is critical to inform communities, policymakers and other stakeholders about the critical need for policy reform in these areas.

Intimate Partner Violence Among Immigrant Latinas
Immigrant Latinas are at higher risk for intimate partner violence (IPV) than United States born Latinas due to circumstances that include immigration status, language barriers, social isolation, and lack of financial resources or knowledge of existing services, such as shelters and counseling. Furthermore, although recent data has indicated a strong correlation between IPV and unwanted pregnancies, additional research is needed to fully address this significant issue.7

Immigrant Latinas and Human Trafficking
Although no exact figures can be ascertained, California is one of the top destinations in the United States for human trafficking. Most of the people trafficked are women and children and come from over 35 countries, including Mexico and Central and South American countries.8 Although most trafficked victims are forced to work in prostitution and sex service, other sectors include domestic work, agriculture and sweatshops.9 Health data for this particular subgroup is especially warranted to develop programs that specifically address their unique needs. This includes reproductive and sexual health issues, such as increased incidences of HIV and other STIs, forced abortions and high risk pregnancies, and increased rates of physical and sexual assaults.10
Latinas Continue to Face Significant Access Barriers Despite an Increase in Available Reproductive Health Information and Services.

Research gaps exist concerning knowledge about reproductive health care issues that affect California Latinas and where – or how – they access this information. Although public education campaigns have been utilized in Spanish language media, there is limited data that indicates the efficacy of these messages. Similarly, there is a lack of research on service utilization and factors that prevent Latinas from accessing care in Latina/o communities where efforts have been made to provide culturally and linguistically appropriate care. Advocates also express a need for data that is broken down by the type of health care Latinas are trying to access in order to better educate policymakers concerning reproductive health policies and the need for state-funded health programs.

Latinas also lack effective sources to access available research and information regarding the impact of commonly used products on their reproductive health. Dissemination of this information is urgently needed because low-income Latinas may be exposed to the most toxic materials – either through personal care or home products or through chemicals in the workplace. Environmental toxins have been found to serve as hormone disruptors with an impact on conditions such as reproductive cancers, endometriosis, miscarriages, infertility and birth defects. For example, an environmental health advocate stated that, “environmental exposures are very linked to reproductive health problems because breast cancer is affected by exposure to hormones and things that act like hormones – hormone disruptors such as parabens and phthalates which are found in many personal care products used by Latinas.”

There is very little data on the reproductive and sexual health needs of Latinas who identify as lesbians, transgender or bisexual. This lack of information is exacerbated by the fact that most public health

"Lack of information is the biggest oppressive cloud and perpetuates a lot of issues of inequity and inability to access care." — Advocate

"When is there enough science to act? [We] need to hold producers of personal care products responsible because [they are] not letting consumers know what is in the products. We also need to know more about who is buying what." — Advocate
programs focus eligibility on child-bearing – either based on pregnancy and parenting, or based on preventing pregnancy – which leaves many Latinas who do not meet this eligibility without access to services.

**Stereotypes Continue to Hamper Latinos’ Views on Issues Surrounding Reproductive Health, Gender and Sexuality.**

Limited research exists concerning Latinas’ inter-family dynamics related to reproductive and sexual health. For example, available research has not fully explored the effect of gender roles within families as they relate to seeking reproductive health care services. Furthermore, more data is needed to explore the widely held stereotypes of “male machismo” and so-called “female passivity” and whether these misperceptions have any influence on family formation, contraception use, and pregnancy outcomes. As one researcher stated, “it is actually surprising to people how many spouses are supportive of their wives tapping into reproductive health services and, unfortunately, we do not understand enough about what creates support among the spouses.”

In addition, existing data does not clearly delineate the effect that religion has on California Latinas’ family dynamics. Latinos are perceived as being highly religious, and therefore are presumed to be supportive of conservative measures regarding reproductive and sexual health. Stakeholders stressed that although religion may play an important role in Latino families, it does not dictate how Latinas/os perceive or feel about reproductive and sexual health issues.

For example, a *Promotora* who provides parents with comprehensive sexual health education stated, “although religion does create certain value systems, people see the reality of the risks that are present for their children and want to prevent kids from either getting pregnant, or getting someone pregnant, or worse contracting an STD.” Another *Promotora* asked: “how does culture play a role in their values and paradigms [that] they have on sexuality and reproductive health and access to services?”

Stakeholders also highlighted the importance of Latina/o community assets. For example, a researcher is interested in gathering data on the perspectives and resources that are already available in the Latino community that could “help to protect and maintain the health of Latino families and what the interface is between those assets and encouraging the appropriate use of medical services and other prevention services.” The researcher is interested in making the connection between culture, protection, and care-seeking behavior.
In addition to addressing the specific topic areas mentioned above, the stakeholders were also asked to relate their experiences with accessing useful and relevant data. The following features the accessibility categories addressed during the stakeholder interviews and online analysis:

<table>
<thead>
<tr>
<th>Accessibility Categories</th>
<th>Examples</th>
</tr>
</thead>
</table>
| Availability of Information      | • Easily found online  
|                                  | • Downloadable  
|                                  | • Requires fee to access information                                                                                                                                 |
| Nature of Research Inquiry       | • Addressed from a strength and power perspective  
|                                  | • Addressed from a deficit perspective  
|                                  | • Systemic causes are mentioned  
|                                  | • Focused on personal responsibility  
|                                  | • Focused on systemic accountability  
|                                  | • Community-informed                                                                                                                                 |
| Interpretation of Findings       | • Culturally competent  
|                                  | • Language is easily understood  
|                                  | • Graphics/images are easily understood  
|                                  | • Contains relevant information for Latina reproductive health policy advocates,’ policymakers’ and community leaders’ needs  
|                                  | • Images of Latinas, their families and communities used in a positive and respectful manner                                                                                                                                 |

Stakeholders acknowledged that although some data addressing California Latinas was readily accessible, in some instances either the nature of the research questions did not adequately meet their needs, or it failed to address issues that are critical to the Latina reproductive health and justice policy debate. Stakeholders expressed a common frustration in observing that most of the research is presented from a deficit perspective and does not account for systemic causes that would provide a better understanding of the underlying health outcome determinants.

Furthermore, the materials rarely were presented in a way that the language, graphics and layout were easily understood, or that were culturally and linguistically appropriate. Most of the stakeholders pointed
out the dire need for research that is community-informed and the importance of “breaking down the science” when documenting research findings. Stakeholders also highlighted the need for disseminating data to advocates, community leaders and policymakers beyond research circles.

**There is a Significant Need for Data that is Accessible and Policy-Relevant.**

Most research materials that are available free of charge and downloadable – such as government-based data sets – are statistical in nature and may not be easily deciphered by people who are not familiar with research terminology. Both researchers and advocates acknowledge that not enough is being done to translate findings from something that is esoteric to something that is easily readable and understandable.

Additionally, research materials that are available via the internet may include general reports, fact sheets or summaries that lack detailed analysis or are too lengthy to read. Some of the existing challenges include the availability of Latino health and civil rights research that is based solely on race and ethnicity, but that does not address gender, reproductive or sexual health issues. Similarly, some sexual health research is broken down exclusively by gender, age, race or ethnicity, but rarely cross-tabulates these intersecting indicators in order to assess the quantitative or qualitative findings and their affect on Latinas.

It is also challenging to find policy-relevant reproductive and sexual health research that addresses Latinas in comparison to other women or youth of color. While some of that research may exist in academic circles, CLRJ has found that very few formats are easily accessible to policy advocates or address such issues from a policy perspective. More detailed analysis needs to be done that includes data that is broken down by age, gender, LGBT community, economic status, education, nativity/ethnicity, location of residence and generation.

Additionally, the information available tends to be outdated, and in some instances is no longer applicable to inform the rapidly changing policy process. Many advocates and community leaders interviewed stated that obtaining the most current data is problematic for them because they are not in control of the data. They are left to wait for research studies to be released in order to justify advocacy efforts or make compelling arguments to policymakers.

“The awareness of the importance of having culturally and linguistically competent materials is missing still in many organizations, which is surprising.” — Promotora
Stakeholders agreed that most research continues to be framed from a deficit perspective. As one advocate stated, “the research mostly focuses on genetics, personal behavior and access to care...[A]lthough these things are important, we also need to address the parts of society that keep the community unhealthy to begin with.” Systemic and institutionalized modes of oppression, such as poor educational and economic opportunities, racism, xenophobia, sexism and homophobia – all of which contribute to significant inequities in the distribution of power, income, and services – rarely are discussed.

While recognizing the need to analyze systemic obstacles that contribute to Latinas’ reproductive health disparities, stakeholders stressed the importance of presenting Latina women, their families and communities from a strength perspective. In particular, it is critical to develop research that recognizes the tremendous contributions of Latina/o cultural values and beliefs and that views these as opportunities for advancing systemic policy change.

The significance of community inclusion in the entirety of the research process cannot be overstated. Lack of community input may lead to research that lacks insight about the most pressing reproductive and sexual health concerns for Latinas. It also fails to recognize, and benefit from, valuable community resources that may increase the capacity and usefulness of the data gathered and ultimately utilized.
The Research Must Be Culturally Appropriate and Presented in Language That Is Easily Understood by the Intended Audiences.

There is an essential role for organizations to do “translational” work. Translational work includes, but is not exclusive to serving as an intermediary among researchers, community members and advocates. Intermediary organizations have the capacity and valuable networks to develop solid relationships with and connect community leaders to researchers. This is particularly important for ensuring that more research is community-informed and policy-relevant. Many stakeholders stated that Promotoras are a valuable example of intermediaries.

A second research translation need involves developing tailored publications or popular education materials that “break down the science” to make research data accessible to people who are unfamiliar with scientific terms. This includes translating materials from English into Spanish and other languages spoken by Latinas.

Data that is relevant to advocates, policymakers and community members remains lacking, although it is a critical component of their respective areas of work. One advocate categorized this challenge as “figuring out how to get to the information needed, because it either does not exist or the tools I am using are not getting me there. So, as an advocate, what are the better tools to access this information?” As a result of the lack of accessible research, many advocates stated that they utilize internal data to inform their communities. The use of internal data for broader policy work is limited, however, because it is not considered “valid.” Other advocates felt that most of the “research came from institutions rather than communities and [that] this presented a problem because institutions rarely take on a social justice perspective.”

Cultural and linguistic competency is critical to obtaining vital and correct data. The value of data is compromised when it does not address the most pressing needs or misrepresents community concerns. In particular, advocates would like to see community-based data analysis. In doing so, community members would have the opportunity to directly address what the data means, whether the research was useful, what they think the research explored, or critical data gaps. Stakeholders felt that this type of feedback would significantly enhance the accessibility and usefulness of Latina-based research.
Most stakeholders stated that research publications present positive and respectful images of Latinas, their families and communities. However, one advocate stated that “there are not many images [overall], and for some of the girls I work with, they see it as if Latinas are not strong, smart and capable, like women from other ethnic [groups] whose images are portrayed.” A researcher stated that although she “has not seen images used in stereotypical ways, there could always be the possibility that a picture of a Latina with a family, or [with] multiple children, may permeate into society as an image of all Latinas.”
RecommendaTions: 
PROMOTING THE DEVELOPMENT OF ACCESSIBLE, COMMUNITY-INFORMED AND POLICY RELEVANT RESEARCH

The following are highlights of recommendations provided by stakeholders interviewed concerning their views of the currently available research surrounding California Latinas’ reproductive and sexual health. These comments are supplemented by additional feedback provided by stakeholders who participated during an in-person convening and two conference calls presenting preliminary research results. The recommendations are intended to inform and advance the development of accessible, community-informed, policy-relevant Latina reproductive/sexual health and justice research in order to address Latinas’ most pressing needs.

■ Recommendations for Promoting Effective Dissemination:

- Encouraging collaboration among researchers, advocates and community-based organizations in order to reach key constituencies and policymakers.
- Promoting collaboration between grass roots organizations and allied advocacy organizations with similar constituencies in order to reach broader community networks.
- Encouraging meaningful community participation in all phases of the research process in order to develop tailored and culturally competent dissemination strategies.

Although many researchers are interested in sharing their findings with research participants and their communities, stakeholders recognized that ultimately publishing studies and moving on to the next research project tends to take precedence over well-intended efforts to disseminate data. And for other researchers, dissemination is not something that they care to engage in at all because of the amount of time and effort this involves.

One potential solution to this is building more solid relationships among academia, policy advocates and other community-based organizations. These relationships would help to ensure that the research is community-informed from the planning phase through the dissemination of information to constituents and policymakers. Another recommendation posed by many advocates was promoting collaboration between grass roots organizations with limited capacity and allied organizations with similar constituencies in order to facilitate dissemination efforts.

Some researchers are working to improve public perception toward research and seek to increase interest, rather than avoidance, in research participation. Researchers and advocates alike agree that it is
important for community members to understand the value of representative research and its impact upon their communities. As one researcher observed: “Community involvement is quite challenging to foster, but necessary for successful dissemination efforts.”

**Recommendations for Promoting Community-Based Participatory Research:**

- Strengthening relationships among researchers, advocates, community-based organizations and funding agencies in order to increase community-based participatory research.
- Strengthening relationships between research institutions and community-based organizations in order to increase meaningful Latina/o participation in the research.
- Redefining “peer review” to include community leaders and advocates who are in tune with community needs and aware of priority health concerns.
- Training community-based organizations to conduct their own research.
- Increasing number of Latina/o PhD candidates interested in working on Latina reproductive health and justice issues.
- Discussing possible incentives for academic researchers to incorporate community participation into research.

All stakeholders commented on the need to improve communication between community members and advocates with foundations in order to promote the support of community-informed research in all phases of the process.

Stakeholders also acknowledged that improved relationships between academic institutions and community-based organizations could potentially increase the number of community members who participate in research studies. One researcher stated that “sometimes scientists are willing and ready to include community members in studies, but find it difficult to recruit Latinos to participate.”

“[It is] difficult to get Latino families to come and participate because a lot of times they may not feel welcome. Also, this is not part of their upbringing or modeling, and many families work many jobs so it is hard for them to take time out.” — Promotora
acknowledged that possible reasons for community members’ reluctance to participate in research studies are based on historical oppression experienced by Latinas and other women of color in research contexts. They are hopeful that improved relationships and meaningful collaborations between researchers and community members would serve to ameliorate those concerns.

Stakeholders recommended systemic reform of the “peer review” process. In particular, they proposed that the scientific community include community leaders and advocates who have first-hand expertise with a particular community’s health concerns in reviewing manuscripts and articles for publication. Other stakeholders indicated that community-based organizations could be trained to conduct their own research to improve programming and services. This is a possible solution to empower communities to take research questions and needs into their own hands without having to wait on others to do this for them.

Many stakeholders agreed that funding agencies should require researchers to incorporate a detailed dissemination plan in their proposals in order to ensure they are reaching their target audiences, including community members, advocates and/or policymakers. Some stakeholders suggested that future funding should be made contingent upon whether or not the dissemination plans were implemented. One researcher expressed the need to incorporate a reward system for university researchers who integrate community input and disseminate information out to the community and/or to policymakers. She further suggested that such incentives should be on par with those made available to researchers who receive tenure-ship or other types of rewards for publishing articles in prestigious journals.

Additionally, stakeholders stated that there was a need for an organization to work on increasing the number of Latina PhD candidates, as well as provide incentives for these candidates and others interested in working with Latinas to conduct community-informed and policy relevant reproductive health research.

- **Recommendations for Educating Policymakers and Informing the Policy Process:**

  - Utilizing social networking tools to share findings with policymakers.
  - Combining statistical information with personal stories in order to bring the data to life and humanize Latinas’ health concerns.
• Inviting legislative officials to witness successful programs in their respective districts and participate with constituents.

• Sharing current unreleased or unpublished data to inform the policy process.

• Establishing a Latina organization to be a repository of reproductive health research.

• Establishing a Latina think tank.

Some researchers suggested the use of social networking tools, such as YouTube and Facebook, to reach policymakers as a complement to written materials. One researcher described these “podcasts as a great tool because [you] do not have to be in the moment. . . [A]cademics are taking findings and turning them into mini videos and posting them on YouTube for people to view when they have the time.” Stakeholders also expressed the necessity to combine qualitative and quantitative research to illustrate the issues and influence policymakers. In particular, there is a critical call for data that illustrates personal stories to go along with the numbers.

Many advocates and community leaders mentioned that inviting legislative officials to witness successful programs in their respective districts and offering the opportunity to interact with constituents is invaluable. Another important recommendation was to have researchers share data via policy briefs or fact sheets.
with community leaders and advocates before the data is published. This is critical in order to have timely
data and effectively inform and influence policy efforts. As one researcher stated, “getting the most current
data is problematic for those who are not in control of the data, because they have to wait for data to be
released and don’t know the breadth of what is being released. . . [A]s a researcher sitting in meetings, I
may get that information or at least a hint of it.”

Other recommendations that were widely supported by all stakeholders were the need for a Latina orga-
nization to be a repository of reproductive health research as well as a Latina think tank.

■ Highlights of Effective Dissemination Models

Some California-based research institutions and government agencies are developing useful models for
reaching the policy and advocacy community concerning reproductive health issues. For example, the
Los Angeles County Office of Women’s Health conducted an all-day Women’s Health Policy Summit in
2007, accompanied by a report of women’s health indicators on a range of issues.11 During the Summit,
advocates had the opportunity to develop policy recommendations, followed by their publication and an
extensive process to promote their application.

Another example is the South Los Angeles Health Equity Scorecard Study, which took into account the multiple
public and private policies that ultimately influence the health of area residents through investments – or lack
thereof – in the economic, education, housing, and health-
care systems that serve the community. The Scorecard
also identified incremental steps by which South Los
Angeles can achieve health equity.12

Other reproductive health research institutions, such as the
Kaiser Family Foundation, the Public Health Institute and
the Guttmacher Institute, provide regular electronic alerts
concerning new research findings on women’s health,
webcasts with policy leaders and other opportunities
to learn about reproductive health and rights research-
based developments.

Additionally, grass roots and reproductive justice organizations, including Visión y Compromiso, Asian
Communities for Reproductive Justice and The Pro-Choice Public Education Project, demonstrate effect-
tive models for disseminating culturally and linguistically competent literature and other popular education
tools designed to reach target audiences that traditionally have been overlooked.
CONCLUSION

Through Making the Case for California Latinas’ Reproductive Health and Justice Policy, CLRJ reviewed the existing level, nature and dissemination methods of research data to both identify research gaps and provide recommendations to research institutions and policymakers that address reproductive and sexual health issues for California Latinas. CLRJ supports stakeholders’ recommendations that the substance of Latinas’ reproductive/sexual health and justice research must be reframed to be more reflective of the communities represented. CLRJ also supports the essential need for improving the accessibility of research, while developing innovative dissemination strategies to ensure that key findings are reaching both policymakers and the communities most directly affected by reproductive and sexual health policies.

As a result of this assessment, CLRJ is delighted to learn about and present opportunities for meaningful collaborations to advance the recommendations posed above. Through the collective efforts of community leaders, advocates and researchers, CLRJ looks forward to promoting research that is truly accessible, informed by community members’ needs and priorities, and that addresses critical systemic issues that will inform the Latina reproductive health and justice policy debate.

CLRJ is particularly grateful to all of the organizations and individuals who provided their invaluable insights and took part in making this report possible.
END NOTES


9 Id, at 14.


Appendix A: Interview Questionnaire

**Introduction**
1. What area(s) within the reproductive and sexual health fields do you specialize in?
2. What is your primary constituency of CaliforniaLatinas (e.g., young, immigrant, rural, minors, low-income)?
3. What do you consider to be the most pressing issues in your area(s) of work for Latinas?
4. What do you consider to be the research gaps in your area(s) of work for Latinas?

**Availability of Information**
5. Where do you obtain research findings in your area(s) of work that specifically pertain to Latinas?
6. If on the web, how did you know about these sites and/or research organizations?
7. What search engines do you use when you are looking for research information on Latinas in your area(s) of work?
8. Is the research you find in your area(s) of work accessible? Is it easily found? Is the information downloadable? Is a fee required to obtain the information?

**Nature of Research Inquiry**
9. What research have you found in your area of work to be informed by Latinas and their community?
10. What research have you found in your area or work to be framed from a strength and power perspective for Latinas?
11. What research have you found in your area of work to be framed from a deficit perspective for Latinas?
12. Are systemic causes mentioned in the research you have found on Latinas in your area of work? And/or is systemic accountability posed?
13. Is personal responsibility addressed in the research you have found on Latinas in your area of work?

**Interpretation of Findings**
14. How do you extrapolate data and/or findings for Latinas in research that does not specifically deal with Latinas in your area of work?
15. Are the research findings in your area of work culturally and linguistically competent?
16. (For non-researchers) Is the language easily understood?
17. Are the graphics and images easily read?
18. Do the research findings provide relevant information for your needs as an advocate/policymaker/community leader/researcher on Latinas?
19. Are images of Latinas, their families and communities used in a positive and respectful manner in the research findings?

**Dissemination Methods**

20. Have you ever been invited to provide feedback or participate in a briefing event related to a research project? What organizations and/or institutes did you collaborate with?
21. How do you learn about recently published research findings?
22. As an advocate/policymaker/community leader do you feel you have a say in the research that is being conducted? Do you feel you have a say on how the research findings are disseminated?
23. (For researchers) What research on Latinas have you conducted?
24. (For researchers) What has led you to conduct research in these particular areas?
25. (For researchers) Who do you collaborate with when developing your research design?
26. (For researchers) Do you engage community members in your research? If so, in what phase?
27. (For researchers) How do you disseminate findings from your research?
28. As advocates/policymakers/community leaders how do you disseminate information to your target audiences?
29. What dissemination methods do you believe have been successful in getting information out to advocates/policymakers/community leaders/researchers?
30. What do you believe are the dissemination gaps for research conducted in your area of work for Latinas? How would you remedy these gaps?
Appendix B: Online Resources

- Non-Profit Research Organizations
  - California Immigrant Policy Center, www.caimigrant.org/repository
  - California Wellness Foundation, www.tcwf.org
  - Guttmacher Institute, www.guttmacher.org
  - Ibis Reproductive Health, www.ibisreproductivehealth.org
  - PEW Hispanic Center, http://pewhispanic.org
  - Public Health Institute, www.phi.org
  - Public Policy Institute of California, www.ppic.org/main/home.asp
  - RAND Corporation, The Southern California Evidence-Based Practice Center, www.rand.org/health/centers/epc
  - SIECUS, Sexuality Information and Education Council of the US, www.siecus.org/
  - Tomas Rivera Policy Institute, www.trpi.org
  - William C. Velasquez Institute, www.wcvi.org

- Government Agencies
  - California Health Interview Survey (CHIS)- California Department of Public Health, www.chis.ucla.edu
  - California Women’s Health Survey (CWHS)-California Department of Public Health, www.cdph.ca.gov/data/surveys/Pages/CWHS.aspx
  - Geographic Information Systems (GIS) and Maps-California Department of Public Health, www.cdph.ca.gov/data/gismaps/Pages/default.aspx
  - Los Angeles County Department of Public Health-Office of Women’s Health, www.lapublichealth.org/owh/
  - Los Angeles County Department of Public Health, Office of Health Assessment and Epidemiology, http://publichealth.lacounty.gov/ha/
Maternal and Infant Health Assessment (MIHA) Survey- California Department of Public Health, www.cdph.ca.gov/data/surveys/Pages/MaternalandInfantHealthAssessment(MIHA)survey.aspx
Office of Women’s Health-California Department of Public Health, www.cdph.ca.gov/programs/OWH/Pages/default.aspx

University-Based Reproductive Health/Public Health Research Centers

Advancing New Standards in Reproductive Health (TEACH-Training in Early Abortion for Comprehensive Healthcare), www.ansirh.org
Center for Comparative Immigration Studies, www.ccis-ucsd.org/
UCLA Center for Health Policy Research, www.healthpolicy.ucla.edu
UCSF Bixby Center for Global Reproductive Health, http://bixbycenter.ucsf.edu
UCSF Center for Reproductive Health, www.ucsfivf.org
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Casi un cuarto de las Latinas viven en la pobreza.