



PROMOTING A NEW POLICY FRAMEWORK FOR LATINAS' REPRODUCTIVE HEALTH, RIGHTS AND JUSTICE

INTRODUCTION

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 are reflective of the priority needs of Latinas, their families and their communities.

CLRJ advances its mission through targeted, culturally-based policy advocacy, coalition-building, community education and strategic communications strategies that further its core policy goals and are specifically geared toward educating and mobilizing Latina/o constituents, both on the state policy level and within target Latina/o communities.

CLRJ recognizes that Latinas' reproductive health and rights cannot be viewed in isolation. Rather, these issues must be assessed and addressed in light of other priorities that affect Latinas' overall health and well-being, including their rights to self-determination and opportunities in all aspects of their lives. For this reason, CLRJ places its policy priorities in a *reproductive justice* framework, recognizing the intersection with other social, economic and community-based issues that promote the social justice and human rights of Latina women and girls and the Latino/a community as a whole.

This *Policy Brief* is intended to serve as an introduction to the issues CLRJ is spearheading by providing information about the status of Latinas' reproductive health and rights in California; analyzing how this relates to other factors that affect Latinas' health and well-being; and proposing policy and community-based solutions to address the pressing reproductive health needs of Latinas in California.

THE NEED FOR TARGETED STATE POLICIES PROMOTING THE HEALTH AND WELL-BEING OF CALIFORNIA'S LATINAS

While California has made significant strides to enhance and protect the reproductive health and rights of women and girls in the state, Latinas continue to lag behind in

terms of information about and access to reproductive health services. Latino/a communities also continue to endure discrimination, poverty, substandard housing and education, and a lack of access to health services. Latina women, while being leaders within their families and communities, experience a multitude of responsibilities, challenges and the intersection of gender-based discrimination that often create obstacles to their health, well-being and self-determination. Clearly, targeted policy initiatives addressing these ongoing concerns are vital to California Latina/o communities' progress and well-being.

California's Changing Policy Climate

Despite the fact that Latinos/as are emerging as a dominant presence within California's landscape and taking leadership on policy, advocacy and community-based issues to increase their rights and access, *reproductive justice* continues to emerge as an area of contention in the state. Anti-immigrant, anti-women and anti-choice forces are seeking to curtail over three decades of hard-won reproductive freedoms, civil rights and social justice advances. Several developments portend a possible sea change in the state's policy environment and erect additional barriers to accessing reproductive health services by Latina women and youth.

Although California has the most progressive laws protecting reproductive freedoms, the social and political context that shapes the most underserved and vulnerable women's lives often does not support this ideal for low-income women of color, young women and immigrant women, including Latinas. For example, as described below, California has enacted legislation affirming the constitutionally protected right to reproductive choice; providing pharmacy and emergency room access to emergency contraception (EC); promoting contraceptive equity in employer-based health coverage; and promoting comprehensive sexuality education in public schools. However, access to the range of reproductive health services, information, and ability to make childbearing decisions freely varies dramatically among low-income women, young women and other women facing discrimination, poverty and other systemic obstacles.

Latinas are disproportionately represented within these vulnerable subgroups.

Reproductive Health & Rights Policy Wins in California: Are They Reaching Latinas?

The California Constitution historically has provided broader and more expansive privacy protection affecting the rights to access reproductive health services for women and adolescents in the state. Similarly, California's policy landscape has reflected strong support toward promoting access to comprehensive reproductive health services and sexuality education through state-sponsored policies, programs and services. As a result, California has emerged and been recognized as a national leader in these areas. For example, the Alan Guttmacher Institute recently ranked California as the top state in its efforts to address unintended pregnancy by providing women with access to contraception services through its public policies and programs.¹

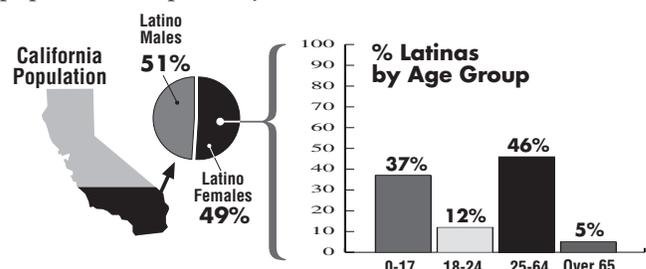
The following are examples of critical reproductive health and rights policy wins that have been secured in California through the combined efforts of policymakers and the reproductive health and rights advocacy community:

- In *Committee to Defend Reproductive Rights v. Myers*,² decided in 1981, California's right to privacy prevented the state from denying poor women public funding for abortion services. In *Myers*, the California Supreme Court held that budget restrictions on funding for abortion services under the State's Medi-Cal program are unconstitutional and violate the rights of privacy and equal protection under the California Constitution.
- In *American Academy of Pediatrics v. Lungren*,³ decided in 1997, the California Supreme Court held that the California Constitution contains an explicit right to privacy, conferred on "all people," including minors. This extends to the right of teens to access contraceptives and other reproductive health care services, including abortion, in confidence and without parental consent.
- In 1997 California initiated the **Family PACT** program with state funds to provide clinical services for family planning and reproductive health at no cost to low-income residents, filling a critical gap in health care services. The program was expanded in 1999 upon receipt of a federal Medicaid waiver.⁴
- **The Women's Contraceptive Equity Act** (SB 41-Speier) guarantees coverage of contraceptive services to women under private health insurance plans. The California Supreme Court upheld the constitutionality of this law following a legal challenge by Catholic Charities.⁵ The bill was signed into law in 2001.
- **Access to Emergency Contraception** (SB 1169-Alpert) authorizes pharmacists to dispense EC without a prescription according to standardized protocols and procedures.⁶ The bill was signed into law in 2001.
- **The Reproductive Privacy Act** (SB 1301-Kuehl) is a proactive law that codifies the constitutional right to reproductive choice as embodied in *Roe v. Wade* and extends this protection to non-surgical abortions. The bill was signed into law in 2002.⁷
- **The California Comprehensive Sexual Health and HIV/AIDS Prevention Act** (SB 71-Kuehl) requires public school districts that provide sexuality education to utilize comprehensive, medically accurate and age appropriate curricula. Moreover, the curricula must be bias-free, and provide equal access to English learners and students with disabilities.⁸ The bill was signed into law in 2003.

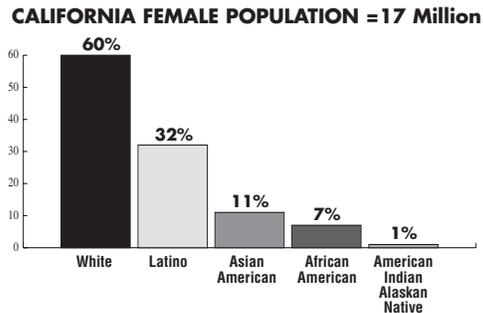
Despite these important legal and policy developments, access to comprehensive, confidential, culturally and linguistically appropriate reproductive and sexuality health information and services continues to be critically lacking for the most disenfranchised women and youth in California, including low-income, young, rural and immigrant Latinas. The following describes the current status of Latinas' reproductive health within the broader social, economic and cultural environment that affects Latinas' health access and rights to self-determination. These data and research findings are intended to provide further context to the rationale behind CLRJ's policy platform and proposed policy solutions that take into account the complexity of Latinas' lives in California.

LATINAS: A GROWING CALIFORNIA DEMOGRAPHIC

According to the 2000 United States Census, Latinos/as comprise 32% of California's population at almost 11 million.⁹ Among the Latino population, 51% (5.6 million) are male and 49% (5.3 million) are female. Latinas are relatively young, with a median age of 25.4. Indeed, almost half (49%) of Latinas are age 24 or younger. Latinas between the ages of 0-17 account for 37% of the population, with almost 2 million Latinas falling into this age category. Latinas ages 18-24 account for 12% of the population, while Latinas ages 25-64 comprise 46% and those over 65 comprise 5% of the population, respectively.¹⁰



California is home to almost 17 million women, according to the 2000 census. Latinas, of any race, comprise 32% of all women in California for a total of 5.4 million Latinas in the state. Among the female population, 60% (10.2 million) are Anglo, 11% (1.9 million) are Asian American, 7% (1.2 million) are African American, 1% (165,000) are American Indian/Alaskan Native, 16% (2.7 million) are another race, while 5% are two or more races.¹¹



According to the Public Policy Institute of California (PPIC), in 2025 almost half of all California residents will be Latino/a, amounting to over 22 million Latinos/as in the state.¹² Latinas in California will double in size to almost 10.8 million. Immigration will account for only 30% of this growth with a majority of the growth due to native-born children, many of whom will be second-generation Californians with at least one foreign-born parent. Currently, almost half of all births in California are to Latina mothers.¹³

THE INTERSECTION OF LATINAS' SOCIOECONOMIC STATUS WITH HEALTH OUTCOMES

Health experts consistently cite poverty and lack of access to health insurance as critical factors affecting Latinas' health and that of Latina/o youth. These issues are closely interconnected with California Latinas' socioeconomic status, educational attainment levels, and those of the Latino/a community as a whole. Below are examples of this intersection and its implications.

Latinas participate actively in and contribute to California's labor force. According to the California Employment Development Department, of the 3.6 million Latinas over the age of 16, 52% -- or almost 1.9 million -- are currently in the labor force with an unemployment rate of 11.7%. The employment rate for Latinos is 68.8% with nearly 2.6 million Latino men participating in the labor force. The Latina rate is comparable to that of other racial/ethnic groups of women, with Anglo women having an employment rate of 56.8%, African American women at 59.2%, and 54.9% for Asian American women.¹⁴

Of the nearly 2 million Latina workers, many are concentrated in lower-paying administrative support and service jobs, as well as those that present occupational and environmental hazards.¹⁵ A recent report found that while women have lower median earnings than men based on gender disparities, women of color have lower median earnings than Anglo women, with Latinas having the lowest median earnings.¹⁶

Despite the large number of Latinas and Latinos who participate in the labor force, many struggle with poverty on a daily basis. According to the Office of the Census Bureau, a family of four earning less than \$18,307 lives in poverty. Almost one-quarter (2.4 million) of all Latinos/as in California live in poverty.¹⁷ Poverty is felt severely by women and children: In California, 32% of families composed of single mothers with minor children live below the poverty level. Eighteen percent of Latinas live in poverty compared to 8.3% of Anglo women.¹⁸

Related to socioeconomic status and earnings, educational attainment also has been found to play a critical role in women's health outcomes. For example, a recent study by the Kaiser Family Foundation addressing disparities in maternal and infant health in California found that women who have not finished high school are three times as likely as women who have completed college to lack prenatal care during the first three months of pregnancy.¹⁹ In California, Latinas' high school completion rate is 53.5%, compared to 93.7% for White women and 81.1% for California females overall.²⁰ As such, equal access to educational opportunities, including higher education, for Latina girls and young women is important to achieve positive health outcomes.

Thus, it is clear that Latinas' overall health -- and reproductive health in particular -- cannot be viewed in isolation, but rather must be addressed in light of other factors affecting Latinas' lives. For example, Latinas' economic security; access to equal educational opportunities; and freedom from discrimination, violence and environmental hazards in their communities, educational institutions and work places have a profound effect on Latinas' abilities to make informed choices about their health and future lives.

LATINAS' PRESSING HEALTH NEEDS AND DISPROPORTIONATE HEALTH DISPARITIES

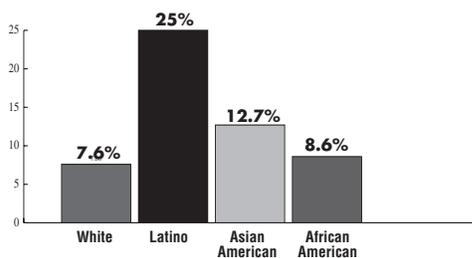
An important element of reproductive health for Latinas is their access to health services. According to the UCLA Center for Health Policy Research, individuals who do not have health insurance are less likely to have seen a doctor, get vital preventive screenings for cancer, or take medications. Having access to basic health services and health insurance plays a significant role in promoting women's reproductive health, as well as preventing and

treating reproductive health conditions. This is especially critical for Latinas who disproportionately lack access to health insurance in California.

HEALTH ACCESS

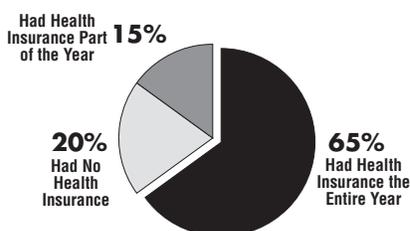
Latinas continue to experience a lack of access to basic health services. According to the California Health Interview Survey (CHIS), Latinas have the greatest likelihood of being uninsured among all groups of women in California. One-quarter of all Latinas are uninsured, representing over 1.3 million women.²¹ This compares to the uninsured rate for Anglo women at 7.6%, for African American women at 8.6%, and for Asian American women at 12.7%.²² Therefore, Latinas are twice as likely as Asian American women to be uninsured and three times as likely as Anglo and African American women to be uninsured.

CALIFORNIA FEMALE POPULATION = 17 Million
% of UNINSURED by group



Of the almost 4 million Latinas that do have access to health insurance, one-third have employer-based coverage (33%) or receive coverage through the state's Medi-Cal Program (29%). However, this may not represent a true reflection of Latinas' consistent health coverage. In 2003, only 65% of all Latinas had health insurance the entire year; 15% had insurance part of the past year and 20% had no insurance the entire past year.²³ These figures, therefore, indicate that 35% of all Latinas were either uninsured or under-insured in the given year. This is especially important for reproductive health needs, as it is imperative that women have access to continuous health services rather than partial health access.

LATINAS' HEALTH INSURANCE ACCESS (Year 2003)



REPRODUCTIVE HEALTH ACCESS

HIV/AIDS

The numbers and cases of HIV/AIDS among women of color in the United States and in California is growing rapidly. Once seen as a white, gay, male issue HIV/AIDS is becoming increasingly prevalent within communities of color and especially among heterosexual women. While HIV was the 9th leading cause of death for California women ages 15-44 in 2003, it was the 5th leading cause of death for African American women and the 8th leading cause of death for Latinas in the same age group.²⁴ African American women accounted for 34.1 percent and Latinas accounted for 33.2 percent of new HIV/AIDS cases among California women in 2004.²⁵

Teen Pregnancy

Since the early 1990s, California's teen birth rates have been declining. From 1991 to 2001 the rate of decline has been 30% from a high of about 75 to 45.2 in 2001.²⁶ Yet, Latinas have the highest rate of teen births at 75.3, compared to the rate for Anglos at 22.4, African Americans at 60.8, American Indians at 50.4, and Asian and Pacific Islanders at 14.4. One of the best predictors of teen birth rates is the poverty rate. A report by the Public Health Institute found that an increase in the poverty rate in one year tends to result in a higher teen birth rate the following year. Because a steep seven-year decline in California poverty rates ended in 2001, and is likely to have reversed course in 2002, California's decline in teen birth rates is further threatened.²⁷ The teen birth rates in the Latino/a community continue to be vulnerable as the poverty rates in California, described above, are significant.

According to information provided by the Public Health Institute, based on a conservative estimate of the changing demographics of California's youth population, the California Department of Finance predicts that the recent declines in teen births will soon reverse. The Department projects that rates will begin to accelerate within the next three years, leading to a 23% increase in the number of teen births per year by 2008.²⁸

While the birth rate for Latina teens is the highest in the state, despite the overall decrease in teen birth rates, there are effective approaches to lowering the numbers. Studies have found that more programs to provide teens with information and tools to prevent unintended pregnancies are making a real difference in encouraging teens to remain abstinent or use contraception when they are sexually active.²⁹

According to the National Survey of Adolescents and Young Adults conducted by the Henry J. Kaiser Family Foundation, most young people (75%) express a strong desire for more information about sex and sexual health.

The survey also found that many young people remain reluctant to talk about sex with their partners, family and health care providers. Pregnancy remains a serious concern for young adults, with seven out of ten young adults having had a pregnancy test or a partner who took a pregnancy test.³⁰

Abortion

Abortion is a common experience in many women's lives in the United States. By the time a woman reaches the age of 45, about one in three women will have had an abortion. In California, almost 900,000 of the 7.6 million women of reproductive age became pregnant in 2000. Of these pregnancies 59% resulted in a live birth and 26% in an induced abortion.³¹ In California the abortion rate is 31.2 per 1,000 women of reproductive age, compared to the national rate of 21.3 abortions per 1,000 women of reproductive age.³²

Among Latinas in the United States the numbers are similar to those for all women. According to the Alan Guttmacher Institute, Latinas account for 20% of women having abortions in the United States. Among Latinas between the ages 15-44, 25% of all pregnancies end in abortion. Unfortunately, as there is very little research on Latinas and abortion generally, there is a dearth of data on Latinas' abortion rates in California.

Overall access to abortion services is declining due to a decrease in available providers. In the United States, 71% of all abortions were provided at abortion clinics, 22% at other clinics, 5% in hospitals, and 2% at private physicians' office. California had 400 abortion providers in 2000, a decrease of 19% from 1996 when there were 492 providers.³⁴ Furthermore, 41% of California counties do not have a single abortion provider. This is especially an issue in rural communities and for low-income women, as almost 20% of women in California have to travel more than 50 miles to receive care.

Reproductive Cancers

The most prevalent reproductive health cancers in women are breast and cervical cancer. For both of these cancers, regular screening is the most effective way to prevent and diagnose early stage cancer. Latinas, however, often because of their lack of health insurance do not have access to early and regular screening. The risk of developing cervical cancer is 3-10 times greater for women whom have not been screened. According to the California Department of Health Services, Latinas have the highest risk of developing cervical cancer in California and represent one-third of diagnosed invasive cervical cancer cases in the state each year.

In addition to risks associated with cervical cancer prevalence, Latinas also are increasingly being diagnosed with breast cancer. Among Latinas, breast cancer is the

most commonly diagnosed cancer in the United States. In 2003, it was estimated that 1,600 deaths occurred due to breast cancer, making it the leading cause of cancer death among Latinas.³⁵ This is primarily due to the fact that although the incidence of breast cancer for Latinas is 17.5 per 100,000, Latinas are often diagnosed at a later stage, which increases the likelihood of death from the cancer and decreases the ability to treat the cancer at an earlier stage.³⁶

THE LATINO COMMUNITY SUPPORTS AND REFLECTS STRONG INTEREST IN REPRODUCTIVE HEALTH ISSUES

Contrary to common public perception, recent public opinion research demonstrates that Latinas and Latinos overwhelmingly support and reflect strong interest in reproductive and sexual health issues. In particular, Latinas/os have expressed the need for additional information about reproductive and sexual health – both among adults and adolescents – and further outreach about access to reproductive health services. These messages are consistent among larger studies as well as community-based participatory research findings conducted by Latina reproductive health advocates.

For example, several new pieces of information shed light on the attitudes and beliefs concerning reproductive health issues within the Latino/a community. This is important information that must be taken into account when developing policy solutions to improve the reproductive health indicators for California's Latinas. Below are highlights of such recent findings:

Birth Control & Sexual Education

According to a survey of Californians conducted by the Public Policy Institute of California (PPIC), Californians overwhelmingly agree that access to birth control methods or contraception is very important (71%) for reducing the number of unintended pregnancies in their region. Latinas/as and Blacks are more likely than other groups to respond that access to birth control methods is very important for reducing unintended pregnancies (79% and 74%, compared to 53% for Asians and 69% for Anglos).³⁷

While most Californians believe access to birth control is important, only 38% of Latinas/as surveyed felt they were highly aware about issues regarding birth control methods and contraceptives. Moreover, while 85% of adults in California say they have heard of emergency contraceptive pills (EC), only 23% of Latinas/as, 21% of Blacks, 20% of Asians, and 15% of whites know they are available from a pharmacist without a prescription. Fifty percent (50%) of Latinas/as favor women's access to EC without a doctor's prescription.³⁸

Another survey of Latinas concerning their attitudes toward reproductive and sexual health issues found that Latinas care about and want more access to sexuality education and reproductive health services.³⁹ For example, a majority of respondents supported the idea that information on all methods of birth control should be available to teenagers under the age of 18 who want it. Seventy percent (70%) of Latinas strongly agreed with this statement and 14% somewhat agreed.⁴⁰

Latinas' responses debunked several myths that abound in the Latino/a community concerning the influence of religion and cultural norms surrounding contraception. Sixty-four percent (64%) of U.S. born Latinas strongly disagreed that the use of natural birth control, or rhythm method, is the only acceptable method of birth control. Thirty-three percent (33%) of foreign-born respondents strongly disagreed.⁴¹

Unintended Pregnancy

According to the PPIC survey, 63% of Latinos/as in California say that unintended teen pregnancies are a big problem, 22% say somewhat of a problem and 12% believe they are not a problem in their region. For whites 30% believe it is a big problem, 26% of Asians believe it is a big problem and 47% of Blacks think it is a big problem.

Abortion

Among Latino/a respondents in the PPIC survey, 60% said they would not like to see the Supreme Court completely overturn the *Roe v. Wade* decision upholding the constitutional right to reproductive choice. Contrary to common public perception, only 50% of Latinos/as reported having religious or moral objections to having an abortion.⁴²

There are several reasons why Latinos/as would not like to see *Roe v. Wade* overturned. When Latinas were asked about specific reasons why someone would have an abortion, seventy-four percent (74%) of Latinas supported legal abortion when the mother's health was at risk.⁴³ Sixty-six percent (66%) of Latina respondents supported legal abortion when there was evidence of a serious birth defect in the fetus. Fifty-eight percent (58%) supported legal abortion when a pregnancy resulted from rape or incest. Sixty-six (66%) supported legal abortion if it meant that it would force a teen to drop out of school and sixty-six (66%) supported legal abortion if the mother could not afford more children.⁴⁴

POLICY PLATFORM FOR ACTION

As described above, Latinas are a significant sector of California's population that demonstrates disproportionate health and economic disparities and an urgent need for intervention on a variety of levels. While the causes for such disparities are complex, CLRJ proposes to address the currently unmet need for targeted reproductive health and rights policy advocacy in California that focuses specifically on Latinas' pressing health needs within the broader context of social justice and human rights. In so doing, CLRJ has developed the following policy platform to both promote Latinas' health and ensure that they are empowered with the information and policy capacity to advocate on behalf of themselves, their families and their communities.

In particular, CLRJ welcomes the collaboration of policymakers, community leaders and other stakeholders who share a deep concern about the current and future health and well-being of California's Latina/o communities. As such, CLRJ proposes the following policy and community-based recommendations to work collectively toward a new vision of greater health and vitality for our communities that, in turn, will enhance the well-being of California in the twenty-first century.

CLRJ'S CORE POLICY PRIORITIES AND RECOMMENDATIONS

1. *Ensure that Latinas – with a focus on the most disenfranchised subgroups of Latina women and youth – have access to comprehensive, accurate and unbiased reproductive health information.*

Recommendations:

- Support community-based models and solutions for improving reproductive health outcomes in the Latina/o community by providing comprehensive, medically accurate and bias-free reproductive and sexual health information.
- Support state and county-based policies promoting targeted, culturally and linguistically appropriate information about access to reproductive health services, including Emergency Contraception (EC).
- Support policies to further the availability of *Promotora* and community-based health educator models targeting Latina/o communities with the greatest need according to health, social and economic indicators.
- Work in collaboration with policymakers to hold a series of bilingual public hearings, town halls or other gatherings to discuss reproductive health issues in the Latina/o community among policymakers, community leaders, Latina/o adults and youth. Collectively develop proposed solutions and provide priority recommendations to appropriate State legislative committees.

2. Ensure that Latinas have access to reproductive health services that are culturally and linguistically appropriate.

Recommendations:

- Support efforts to expand and reduce barriers for Latinos/as in the Medicaid program. In California, the Medi-Cal program is pivotal in providing health services to low-income families. Yet, because of budget constraints and shifts in the policy climate, Medi-Cal benefits often are at-risk of being reduced or eliminated. Therefore, it is important to work to ensure the current scope of benefits and eligibility within the program remain accessible for low-income families.
- Expand health care coverage for the millions of Latinas who are currently uninsured. Over the years, several proposals have been introduced to provide universal health care for all California residents. CLRJ supports universal health care that provides comprehensive services.
- Increase access to culturally and linguistically appropriate care through health systems change such as improving culturally-based translation and interpretation of health care services and related materials into Spanish.
- Support policies to maintain and expand the pool of health care providers for reproductive health services, including providers that accept Medi-Cal in the state.

3. Ensure that Latina/o youth have access to comprehensive and confidential reproductive health information and services and educational and social supports to promote healthy and economically secure futures.

Recommendations:

- Promote policies to further the implementation of comprehensive sexuality education under SB 71 in California public schools and provide further information and training about SB 71 to educators, parents, students, and community members.
- Expand measures to promote comprehensive sexual health education, including the prevention of unintended pregnancies and sexually transmitted diseases (STDs) to youth in the community context. For example, SB 1471 has been introduced to ensure that community-based sexuality education programs are comprehensive, medically accurate, current, objective and bias-free.
- Expand measures to promote voluntary family communication about sexuality by providing tools and skills-building within Latino/a communities. For example, AB 2141 has been introduced to establish the Parent-Child Communication Assistance Program

within the Maternal, Child, and Adolescent Branch of the Department of Health Services. The goal of this program is to decrease adolescent pregnancies through programs that equip parents, guardians, and parenting adults with the knowledge, understanding, and communication skills necessary to talk with their children about making responsible decisions regarding sexual behavior.

- Promote policies to implement existing law addressing the health, educational and economic needs of pregnant and parenting youth, including community-based models to conduct training and education addressing pregnant and parenting students' rights to equal educational opportunities.
- Promote policies to further positive educational, recreational and community activities for Latina youth, including equal educational opportunities and college access; gender equity in sports; freedom from sexual harassment in schools; among other activities that promote young women's health, education and future opportunities.

4. Implement communication and media strategy campaigns to provide prominent visibility of Latinas' reproductive justice frame and issues.

Recommendations:

- Develop and implement public education campaigns that reflect the interest in and support of the Latina/o community concerning reproductive health issues to promote further community involvement in these areas.
- Provide policymakers with information about Latinas' reproductive justice priorities and provide opportunities for dialogue about such issues within the policy community.
- Provide the mainstream and ethnic news media with information about Latinas' reproductive justice priorities and provide opportunities for public debate about such issues.

FOR MORE INFORMATION PLEASE CONTACT:

Rocio L. Córdoba, J.D.
Executive Director
California Latinas for Reproductive Justice
Post Office Box 412225
Los Angeles, CA 90041
213-270-5258
rocioCLRJ@yahoo.com



(Endnotes)

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- ⁴⁰ *Id.*
- ⁴¹ *Id.*
- ⁴² *PPIC Population Survey*, above.
- ⁴³ *The Two Californias*, above.
- ⁴⁴ *Id.*