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Afternoon Panel: Coalition-Based Strategies for Improving Health Access and Outcomes for Underserved Women - Barriers Facing Latina Women

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Symposium 2001

Afternoon Panel:

Coalition-Based Strategies for Improving Health Access and Outcomes for Underserved Women

Featuring Raquel Donoso, Lisa Cheyemi Ikemoto, and Latonya Slack

Barriers Facing Latina Women†

Raquel Donoso††

Good afternoon. I'm going to start off by talking a little bit about Latino Issues Forum and then go into some of the work that we've been doing and look at some of the challenges we're facing. For Latinos in California specifically, there are a lot of challenges that involve reproductive health rights and access to abortions. Also, we need to focus on a lot of leadership issues. So let me give you some background into where some more work needs to be done for those who have time and want to go ahead.

Latino Issues Forum (LIF) is coming on our fifteenth year. We're based in San Francisco, but we're a statewide public policy and advocacy organization, and we seek to develop and implement public policies that are innovative and that increase the health of our communities. Specifically, we work with low income, limited English-speaking, and immigrant Latinos. And we work on five different areas, so health isn't the only thing that we do. We work on technology and telecommunications issues and also energy. (We actually started working on energy before the energy crisis.) Now we're looking at energy and environmental issues. We

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also work on environmental justice and sustainable development issues. I work on health.

Within each area we focus on different things, and for health, typically we've worked on access issues, including a lot of the uninsured-insured debates and increasing access to insurance for Latinos. We have worked on Healthy Family Program issues, Medicare, and federal legislation. We also have done work on cultural linguistic responsibility and competency issues for the State of California. We work now a lot more closely with the new State Department of Managed Health Care. We're working collaboratively with other organizations to look at how managed health care organizations, which have twenty-three million Californians' health in their hands, are faring and at what we can do to make it a better system. I also am doing a teen pregnancy project that I will talk about a little bit more. We've done work on HIV/AIDS issues and are beginning an environmental health project in the Central Valley, and I'll talk a little bit more about that too. That project stems from the work that we did on asthma, making the connections that Sylvia Law mentioned in her keynote between socioeconomic conditions and health and environmental issues.

I would say that about ninety percent of the work that we do is coalition-based. Especially in health, almost everything that we do we do with other organizations. You know, you have to. And for us it's really good to work with other organizations because you get to work with people who are in other disciplines, such as the Department of Managed Health Care. I work with Western Center on Law and Poverty lawyers who know a lot of the legal background that health advocates might not know. So it's always very good to work with other organizations in that sense. We also work with a lot of different ethnic groups as well. In the Central Valley, we're looking into how to build coalitions with the Hmong community, which is going through a lot of the same issues that the Latinos and farm workers are going through. We are looking at ways we can join to work on these efforts together.

Right now, I'm working on a teen pregnancy project that the Center for Health Improvement in Sacramento is taking the lead on. The project includes a wide diversity of groups and areas as well, including New Leadership Institute from San Francisco and the Friday Night Live Project from the Central Valley. The Central Valley isn't all rural. I know a lot of us tend to think that it's really rural, but Fresno's becoming a much more urban place, and we're working with teens that come from both urban and rural backgrounds. And then we're working with another organization, SPIRITT Family Services, that is more of a social service provider for Latinos in Whittier and Pico Rivera. So we're bringing in all these different elements. We provide training to the young people, and they're going to be writing policy briefs and going to Sacramento to present briefs

to legislators on what can be done, from their perspective, to reduce teen pregnancies in the State of California. It's particularly a big issue for us because Latinos represent the largest number of teens who are getting pregnant and having babies every year.

So we've been working in coalition with all of these groups to prevent teen pregnancy. It's a good project, but it does definitely pose challenges for us. One of the biggest challenges is that a lot of times the Latino group gets tacked on to an already formed coalition because people or funders decide that they need to diversify who their constituents are and who they're talking about. So it doesn't come from a grounded perspective, it comes from an outside perspective, and it's always difficult working with other people in that way. We're trying to work through that, but it's not an easy thing to do.

The other project that we're doing in a coalition with some other groups is based on some legal work that we've been doing. LIF pretty continuously takes on legal work. Most of it has been in the telecommunications area, but more recently in the environmental area as well. Right now, we have filed our sixty-day intent to sue letter against the San Joaquin Valley Air District and the EPA because they have failed to regulate some air quality issues. We are doing this larger environmental health project in the Central Valley, mostly because of the work that we did looking at air quality environmental issues and how they affect asthma. And one of the things that we really noticed in the Central Valley is that the issue gets very, very complicated when you don't have access to health care, and many people in the Central Valley do not have access to health care. There are a lot of people who don't show up in the statistics because farm workers, who make up a large percentage of the Central Valley population, are not counted. But there are a lot of people in the Central Valley with no access to health care and two or three children with asthma. Pesticides are being sprayed in the area during school hours, and there are no advocates who are really looking into this. It's a pretty conservative area, I would say, from having lived in the Bay Area and Los Angeles. So we're dealing with conservative politics, people who may not have documentation, and people who have very limited English-speaking skills. It is a situation that really is getting out of control, and we don't really know the scope of it because a lot of times if people cannot get access here, they will just leave the country. That makes it very difficult to account for what's going on.

We've noticed two things. First, that there's a lack of Latino policymakers and decision makers in the Central Valley. Second, although women have been doing much of the outreach and health promotion in our communities, there's not a lot of leadership roles or opportunities for them.

I don't know if any of you have heard of *Promotoras*, but basically they're lay health promoters. We've gone throughout the State to look at what's going on and there are some very good programs, one in Los Angeles with the Esperanza Community Housing Corporation, another one in Santa Ana with Latino Health Access and one in San Mateo with El Concilio. Basically the programs train people (I would say about seventy-five to eighty percent of them are women) to go out into their communities and talk about different health issues, access, and insurance. People don't understand how to navigate the insurance and health system here, because it's not like anything that they're familiar with, and so these *Promotoras* models have been very instrumental and effective in informing the community, especially in managing conditions such as diabetes and asthma.

The problem is that after the *Promotoras* get trained and do this great work, it stops there. We talk about those who have gone to school and hit the glass ceiling or the feminist perspective of a glass ceiling. I mean that's a very high position to be in for many other women for whom the glass ceiling is a lot lower. We train women and then do not have leadership roles for them to take on a more proactive or advocacy role in health issues. One of the challenges that we're seeing among Latinos is that there's really not a whole lot of opportunity for leadership development. The women who see the health access problems day in and day out and who work with families would be the best advocates but they are not being put into those roles. A lot of the current leadership roles for Latinos are for Latinos who've gone to college and are policy makers or are at a higher managerial level. That's a big issue that we're facing right now, and the other thing is that there's really not a very distinct feminist analysis going on in our community. I don't mean that we need to call it a "feminist analysis," but we need to bring up issues in a way that challenges gender and sexual orientation issues, which isn't occurring in a lot of our communities.

For the last two years, I have worked with an organization based in Oakland, the Women's Health Rights Advocates. It runs an access hotline to give women more information about abortion and other reproductive health issues, mostly catering to people in the Bay Area and Northern California. We underwent a research study looking at who our callers really are and what they're calling for. We found that a quarter of the callers are calling all the way from the Central Valley, where there may be only one provider who does abortions part-time. Women from the Central Valley with no access to any resources are getting on buses or driving either all the way down to Los Angeles or all the way up to San Francisco in order to get abortions. We also found that a quarter of the callers are Latinas, and one of the social myths is that Latinas don't get abortions, which makes abortion a big taboo. We need to reframe that

belief and start talking about what our practices actually would be if opportunities and programs were out there. I don't think that we've really done a good job among advocacy organizations and policy organizations to address that in the Latino community. That's another challenge that we're facing.

Lastly, another challenge is to look at the research that's been done and look at whether or not community members are participating in the research. A lot of times that doesn't happen and so the information may not be as valuable to us as if we were taking a more participatory role in the research.

That was basically what I wanted to talk about—to give you a framework for what's going on in the State and to look at some of the issues where we need to have a greater agenda and more people working on it. It gets to be very difficult when we are going up for funding, because a lot of funders don't want to fund particular issues because they're too risky to talk about or they don't really want us to do certain things with young people. It gets to be very touchy. Right now it seems like health access, who's uninsured and who's insured, has really gotten a lot of attention and that's a piece of the pie, but that's not the whole pie. I think we need to pressure the funders by saying that these are important issues and we need to talk about them from this perspective or things will continue as they have. Thank you.

Relevant Sources

Latino Issues Forum, *at* <http://www.lif.org>.