

LISTENING TO OUR COMMUNITIES

*A report on the
reproductive
health needs of
the women and
and girls of
California and
the California/
Mexico border*

*The Women's
Foundation*



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Several members of The Women's Foundation staff contributed to this report including Program Officer for Reproductive Health and Rights Shannon Maher, Vice President of Programs and Operations Judy Patrick, Lead Consultant for Smart Choices Helen Rodríguez-Trias, Special Projects Coordinator Julie Davidson-Gómez, and Development and Communications Associate Pamela Wilson. We would also like to thank all the members of the Smart Choices Advisory Board for their valuable insight and comments with particular thanks to Kathy Kneer, Selina Espinoza Ahumada, and Carmen Nevarez. The Foundation would also like to thank Dr. Sara Wood Smith, Cynthia Mathews, Peter Belden, Laura Dennison, Vinh Ngo, Tammy Rutledge, Mayer Segal, Tina Shelton, and Lindy Pasos for their assistance in planning the regional meetings.

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THE WOMEN'S FOUNDATION

VISION AND MISSION

For more than 20 years, The Women's Foundation has pursued a vision of women and girls thriving in an environment of economic, social, civic, cultural, and political justice. The Women's Foundation's mission in pursuing a vision of justice for women is to:

- Serve as a voice and advocate for the needs of women and girls.
- Provide funding, resources and tools.
- Convene for dialogue and collaboration.

UTILIZING A GENDER LENS

A key goal of The Women's Foundation has been to address the gender-based disparity in funding, particularly to those organizations serving women and girls discriminated against on the basis of class, race, age, disability, sexual orientation, region, and/or religion. Our strategies in combating this disparity have been to forge alliances with other grantmaking institutions, individual donors, corporations, and organizations committed to promoting and protecting the human rights of women and girls in the civil, political, economic, social, and cultural arenas, and to utilize a gender lens in our grantmaking analysis.

A gender lens informs the grantmaking strategy of The Women's Foundation. Applying a gender lens means looking at gender as the primary factor by which communities and cultures construct roles, expectations, attitudes, values, and relationships. A gender lens can facilitate the transformation of unequal relations of power between women and men. Through a gender analysis, The Women's Foundation strives to increase awareness about how roles, attitudes, expectations, and relationships of women and men limit women's full participation in our communities.

BEIJING DECLARATION AND PLATFORM FOR ACTION

The Women's Foundation supports the Beijing Declaration and Platform for Action adopted unanimously at the Fourth World Conference on Women in 1995. The Platform identifies 12 main obstacles to women's advancement, defining strategic objectives and actions to remove the obstacles. The Platform for Action seeks to promote and protect the full enjoyment of all human rights and the fundamental freedoms of all women throughout their life cycle.

The Platform defines reproductive health as a state of complete physical, mental, and social well-being and sexual health whose purpose is the enhancement of life and personal relations. Equal relationships between men and women in matters of sexual relations and reproduction require mutual respect, consent, and shared responsibility. The Platform recognizes that reproductive rights rest on the recognition of the basic human rights of all couples and individuals to decide freely and responsibly how many children they want to have, and when. They also have the right to obtain information and make decisions on reproduction free of discrimination, coercion and violence.

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INTRODUCTION

This report presents the work of Smart Choices: Women and Girls Living Well, the reproductive health initiative of The Women's Foundation.

Women's reproductive health and rights fundamentally affect the quality of their lives. The current political landscape threatens these rights and fuels the efforts to mobilize California's women and girls into strategic action. There is much literature on how to undertake this work, and the premise that any good organizing issue must be deeply felt and rooted within the community is elementary. The Women's Foundation strives to be connected to the communities we serve and to learn from them how we can work together to improve the lives of the women and girls that reside there.

As we intensified our work on reproductive health and rights we knew that the large state of California and the Mexico/California border must be examined in the context of the individual, unique communities that make up the whole.

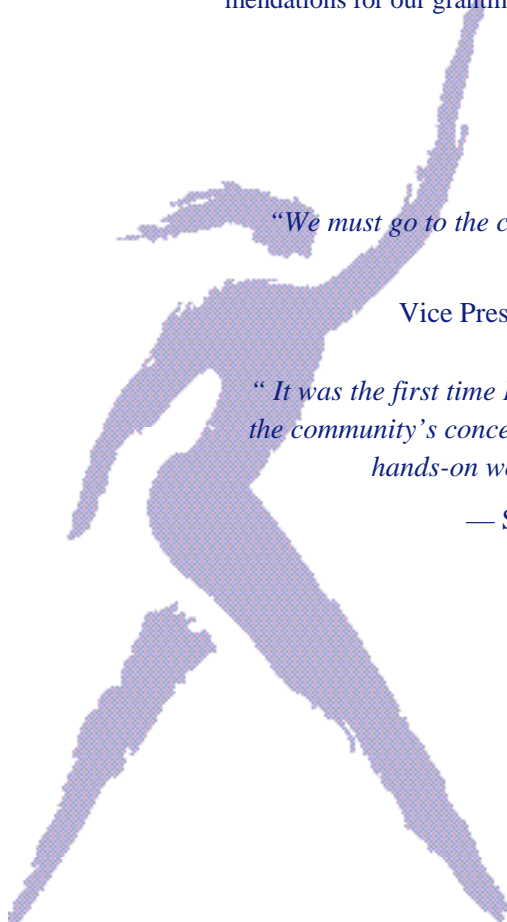
Thus, we visited six communities to develop a framework for our ongoing work. This report is intended to document and share our original objectives, what we heard in these communities, lessons we learned about the process, and recommendations for our grantmaking and convening activities for the next two years.

"We must go to the community's table rather than setting our own."

— Carmen Rita Nevarez, MD, MPH,
Vice President of External Relations, Public Health Institute

"It was the first time I've experienced a foundation trying to determine the community's concerns in this way, asking women who are doing the hands-on work what they would like to see done."

— Selina Espinoza Ahumada, Binational Coordinator,
Planned Parenthood-San Diego



BACKGROUND ON THE WOMEN'S FOUNDATION

The Women's Foundation is the oldest and largest philanthropic fund for women making grants in the western United States, having made over \$7 million in grants to over 650 organizations. These organizations work with women and girls throughout California, primarily in the 50 northern and central counties and, more recently, on the Mexico side of the U.S./Mexico border. The Women's Foundation has funded programs for preventing violence against women and girls, promoting access to healthcare, developing women's and girls' leadership, and ensuring economic justice. This year, through our new program The Initiatives Forum, we will begin to fund projects throughout California designed to organize and engage women and girls in creating public policies that improve the quality of life for themselves and their communities.

The Women's Foundation provides funding and technical assistance to programs that actively involve women and girls in promoting and protecting their civil, political, economic, and social rights. The funds support nonprofit organizations working with women and girls who, historically, have been underserved due to economic or parenting status, age, physical or mental ability, religion, sexual orientation, race/ethnicity, nationality, immigrant/refugee status, or regional factors. The Foundation often funds organizations that have limited access to mainstream and traditional funding sources because of the issue areas they address or the communities they serve.

In addition to grantmaking, The Women's Foundation, on its own and in collaboration with other organizations and funders, develops initiatives to address the most critical issues facing women and girls in California. Throughout its history the Foundation has recognized the important role that basic wellness plays in the lives of women and girls, and in 1997 we intensified our activities with investigation and action. Health promotion is now central to all our programs. With the Smart Choices Initiative we continue to build toward access to affordable, quality health care for all women and girls, now with a special focus on reproductive health.



DESCRIPTION OF THE INITIATIVE—SMART CHOICES: WOMEN AND GIRLS LIVING WELL

The Women's Foundation's commitment to pursuing a vision of justice for women and girls led us to develop Smart Choices: Women and Girls Living Well, a reproductive health and rights initiative.

Smart Choices aims to:

- Increase access to reproductive health services and reproductive rights information;
- Impact key policy issues regarding access to family planning, reproductive health services, and reproductive rights;
- Reduce unintended pregnancies and the transmission of STDs/STIs; and
- Identify and develop a cadre of well-informed and pro-active reproductive health and rights leaders from diverse backgrounds.

Grantmaking

Smart Choices places a priority on working with organizations representing low-income women and girls; women and girls of color, with an emphasis on the Latina population; and women and girls in rural communities, including Mexico/California border towns. The initiative provides funding and technical assistance to organizations for education, capacity building, direct services, policy advocacy, and leadership development.

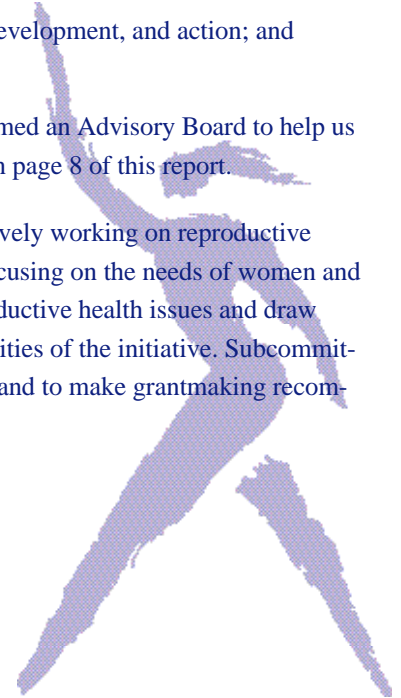
Activities of the Initiative

In addition to our grantmaking activities, the Foundation will host a number of gatherings to uncover and develop new and creative methods of working with women and girls who are not generally reached through the usual means. This work will help to:

- Develop a multi-pronged statewide reproductive health and rights policy agenda;
- Identify best practices in the diverse populations and communities throughout the state;
- Identify leaders in various sectors for information sharing, collaborative strategy development, and action; and
- Help to build effective and strategic coalitions.

In the first year of the Initiative, with these goals in mind, The Women's Foundation formed an Advisory Board to help us guide our work and held six regional Listening Sessions which are detailed beginning on page 8 of this report.

The Smart Choices Advisory Board is made up of over 20 women and men who are actively working on reproductive health issues in California and Mexico, including the leaders of several organizations focusing on the needs of women and girls of color. The Advisory Board meets three times per year to discuss statewide reproductive health issues and draw from their experience and expertise in the field to shape the grantmaking and other activities of the initiative. Subcommittees of the Advisory Board work directly with Foundation staff to form a policy agenda and to make grantmaking recommendations to the Board of Directors of The Women's Foundation.



DESCRIPTION OF THE INITIATIVE—SMART CHOICES: WOMEN AND GIRLS LIVING WELL *-continued*

Bringing this group of women and men together has been beneficial beyond our expectations. It has created time and space for important discussion about statewide and binational reproductive health care strategies among diverse groups and interests that rarely look at the larger landscape together. They have established and identified new links between organizations and issues and have been a rich source of innovative, strategic thinking that influences their own work as well as ours.

During the upcoming years, the Foundation plans to continue to bring together the Advisory Board as well as convening other targeted organizations and concerned individuals. In addition, Smart Choices is committed to building a collaborative Reproductive Health and Rights Policy Agenda with recommended actions and will work to promote that agenda.

Finally, The Women's Foundation will persist in documenting the lessons learned from our convening and grantmaking activities and will distribute this information to the public and to policymakers. By sharing the best practices of our grantees and summaries of the gatherings, we hope to spark productive dialogue, encourage networking, and increase funding for reproductive health issues.

An Informed and Effective Initiative

Through this combination of grantmaking, convening, and publishing The Women's Foundation will be more informed and effective in reaching the goals of the Smart Choices Initiative. Further, the Foundation hopes to support the efforts of others working toward these same goals and to help shape a broader more equitable and unified strategy for improving the reproductive health and rights of the women and girls of California and on the California/Mexico border.



CURRENT STATUS OF REPRODUCTIVE HEALTH AND RIGHTS

In recent years, there have been some heartening signs of progress in reproductive health indicators. For the first time since the 1980s, teen pregnancy rates are decreasing and the percentage of sexually active young people using contraception, including condoms, is higher.¹ In addition, the number of OB-Gyn residency training programs in the U.S. offering routine training in surgical abortion procedures has increased for the first time since the late 1970s, addressing a shortage in providers of a procedure that an estimated 43% of U.S. women will undergo by the time they reach 45 years of age.²

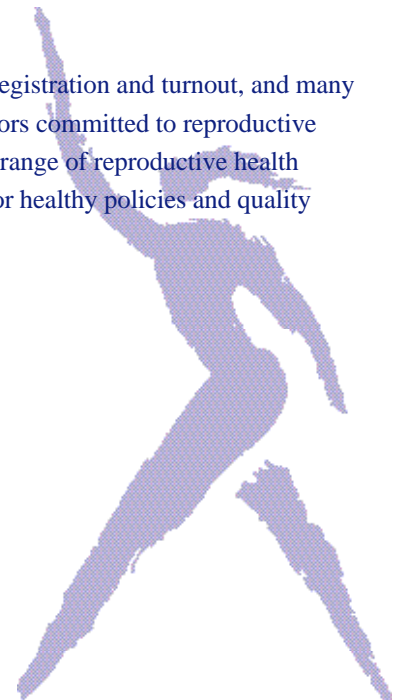
Most advocates agree that the relative progress we are seeing is in response to multifaceted efforts to provide increased services against the background of a growing economy. However, not all communities are benefiting equally. Excluded populations include people of color, young people, and people who live in rural and low-income communities. In California, recent immigrants are especially vulnerable to exclusion.

The United States continues to have the highest rate of unintended pregnancies of any industrialized country, with almost half of all pregnancies unplanned. Further, the unintended pregnancy rate for Latinas is nearly two times — and the rate for African American women is almost three times — the rate for white women.³

The Women's Foundation's response to the inequities in information, services, choices, and rights is embodied in the Smart Choices Initiative. Our concerns span several sets of challenges, including the changing legal and policy framework; decline in access to hospitals that provide abortion and family planning services; a shortage of trained abortion providers; lack of needed funding for services to low income women; and lack of access to a full range of reproductive health services, information and products for all, including emergency contraception⁴ and medical abortion⁵.

Continued improvement in reproductive health policies rests on a precarious legal, fiscal, and policy framework that protects services and choice nationally and internationally. President George W. Bush's decision to reinstate the Global Gag Rule on his first day in office signals many challenges on the horizon and calls for us to step up our work in Mexico and on the California/Mexico border.

California currently enjoys a growing citizen participation in civic life, including voter registration and turnout, and many vulnerable communities are organizing. California also has a dedicated group of legislators committed to reproductive health rights and long-standing coalitions of statewide organizations supporting a broad range of reproductive health services. We must unify and strengthen these forces to develop a solid base of support for healthy policies and quality programs.



REPRODUCTIVE HEALTH CHALLENGES: HIGHLIGHTS

1. Heightened political challenges to reproductive choice.

- From 1995 through the beginning of 2000 the Republican controlled Congress won 115 of 131 votes involving the reduction of women's reproductive freedom.¹
- President George W. Bush took swift, substantive action on his first day in office by reinstating the Mexico City policies, including the Global Gag rule, restricting federal funding for international family planning programs.
- President Bush will likely nominate two to three Supreme Court Justices and the current anti-choice Senate would likely confirm the President's nominations.² With the current 5-4 split on *Roe v. Wade*, the situation is dangerously unpredictable.
- Attorney General John Ashcroft's staunch anti-choice record brings into question his willingness to fulfill and enforce many current laws protecting reproductive choice.

2. Declining access to hospital-based family planning and abortion is declining.

Nationally:

- As four out of 10 of the largest health care systems in the United States are Roman Catholic-affiliated, 85 million patients, most of whom are non-Catholic, receive care compromised by religion-based policies. Many Catholic-based hospitals do not offer family planning services, sterilization services, fertility treatments, or abortion. Because these hospitals are committed to helping the poor and often located in remote and low-income communities, this reduction in access disproportionately deprives poor and rural women of needed services.³
- From 1982 to 1996, the number of U.S. hospitals providing abortion decreased by an astonishing 50 percent.⁴
- Nearly 3/5 of state medical assistance programs (Title XIX) currently limit abortion coverage to cases of life endangerment, rape, and incest. California is among only 15 states that have no such limitation regarding coverage.⁵
- There is growing concern about religious exemptions, or "conscience clauses," which permit individuals, employers, pharmacists, health care institutions, and insurers to decline to provide services or procedures to which they have moral objection. Currently, 46 states have conscience clauses permitting individual health care providers to refuse to provide abortion procedures, and 42 states permit medical facilities to refuse to provide abortion procedures. In addition, fourteen states have broader parameters applying to contraception.⁶
- Nationwide, as many as 86% of all counties have no abortion providers.⁷
- As recently as 1995, only 12% of OB-Gyn residency training programs reported offering abortion training as standard curriculum. Rates appear to be on the rise, but in 1998 less than half of the programs responding to inquiry reported offering routine training. Instead, overworked residents are offered elective training.⁸

California:

- Only 5% of California hospitals are abortion accessible without significant restrictions.⁹
- California experienced the country's most dramatic drop in the number of abortion providers between 1992 and 1996, losing 62 providers during the four-year period.¹⁰

3. Continued lack of access to a full range of reproductive health services regardless of the ability to pay.

- Two million women in the state of California are uninsured and 60% of these are employed. Latinas are uninsured at a rate of 35%, three times the rate of white women.¹¹ Low cost insurance must be available for working families who are above poverty level, but without employer-sponsored coverage.

- Sources of low-cost care often deny the full range of reproductive health care options, are difficult to access, and have eligibility requirements so difficult to understand that even those administering care are often misinformed. Sources of care include:
 - Title XIX/Medicaid. Provides the use of federal and state funds for medical care for low-income individuals, including necessary reproductive health care such as family planning, prenatal, and delivery services.¹²
 - Family PACT. Funded by the State of California, Family PACT has provided no-cost or low-cost comprehensive family planning services since 1997. Services are provided for women and men with no other coverage up to 200% of federal poverty level.¹³
 - Healthy Families. A state and federally funded program for children with family incomes above what is required for no-cost MediCal and below 250% of the federal income guidelines.¹⁴ Assembly Bill 785, if made into law, would allow for the expansion of Healthy Families to include the parents of eligible children and could affect over 600,000 persons who are currently without coverage.
 - Title X. Provides federal funding for contraceptive services, basic gynecologic care, screening for breast cancer, cervical cancer, and STDs, reproductive health education, and more. Title X clinics are committed to providing services for adolescents, confidentially and without regard for their ability to pay, making this program especially critical to the health and well being of teens. Title X funding has been under constant attack since its establishment, particularly in regard to restricting access to minors. Recent advocacy for its reauthorization has brought about the largest funding increase since 1973, succeeding at ensuring needed expansion and stability to a program with a proven track record of providing quality services to low-income women.¹⁵
 - Indian Health Service. Provides health service delivery for approximately 1.5 million Native Americans nationwide. For many Native Americans IHS may be the only available medical care for hundreds of miles. IHS prohibits abortion except in the cases of life endangerment, rape, or incest.¹⁶

4. Continued lack of access to a full range of reproductive health products and information.

- Only 1% of women in the United States has ever used emergency contraception.¹⁷ Of those women who have heard of it, many do not have an accurate understanding of what it is or how it works. Emergency contraception could prevent up to 1.7 million unintended pregnancies in the United States every year.¹⁸
- Although seven out of 10 Americans oppose the provision of federal funds for promoting abstinence-only-until-marriage education that prohibits teaching about the prevention of unintended pregnancy, HIV/AIDS, and STDs, in 1996 Congress passed just such a program as part of welfare reform legislation. Currently 31 states do not require schools to teach sexuality education and 16 do not require schools to provide STD and/or HIV/AIDS education. Although California requires STD and/or HIV/AIDS education, the state does not require schools to teach sexuality education. If however, a California school chooses to teach sexuality education, they are required to include information about abstinence and contraception.¹⁹
- RU-486, available in Europe since 1988 but only recently approved for use in the United State by the FDA, is still facing severe political and legal restrictions on its practical use. Among the challenges is President Bush's statement on his first day in office that he would order a review of the drug's FDA approval. Further, current regulation requiring doctors prescribing RU-486 to have hospital surgical abortion privileges no more than one hour away from their offices, combined with the previously mentioned reduction in hospitals offering access to abortion privileges for doctors, has created an enormous barrier to the drug's practical use.
- Our litigious society discourages the creation and production of new pharmaceutical products and medical research to improve women's reproductive and contraceptive choices. Evidence of this is apparent in the fact that although misoprostol, the drug that is the topic of legal battles over its use in partnership with RU-486, recently went off patent, allowing the manufacture of generic versions, no company has announced plans to do so.²⁰

METHODOLOGY OF THE STATEWIDE REPRODUCTIVE HEALTH LISTENING SESSIONS

The Statewide Listening Sessions were held in the following six California cities: Bakersfield, Watsonville, Eureka, San Jose, Sacramento, and San Diego. Held between May 30 and August 8, 2000, each was sponsored by the local Planned Parenthood and lasted approximately two and one-half hours. Attendance ranged from 15 to over 35 persons.

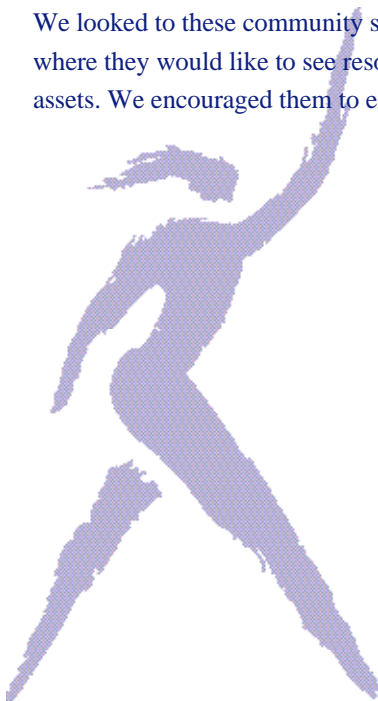
The goals of the Statewide Listening Sessions were to:

- Deepen our knowledge and understanding of the critical issues and needs that exist throughout the state;
- Provide an opportunity to identify, encourage, and link those individuals who are eager to collaborate and learn advocacy skills;
- Help identify service gaps and possible solutions; and
- Explore potential policy directions with those who have direct access to constituencies.

To successfully meet these goals, we worked to bring together a diverse group of community stakeholders, including those who do not normally work on reproductive health issues. We were eager to engage individuals and organizations working with low-income women in any situation that might provide an opportunity to address a woman's reproductive health, including domestic violence, substance abuse treatment, homelessness, and more.

We hoped that bringing a range of issue groups together to discuss reproductive health might ignite greater cohesion and organizing among the groups represented; that they might see how they are linked in trying to improve the lives of the women and girls in their communities. A recent report from the Open Society Institute entitled *Building Broader Women's Health/Reproductive Healthcare Coalitions in the States* echoed our thinking by repeatedly recommending that "ties between reproductive rights advocates and traditional social justice forces must be strengthened" and that "long-standing social justice organizations and their legislative advocates must be approached and pushed to support and advocate for women's health and reproductive health initiatives that will benefit the women they represent."

We looked to these community stakeholders to inform us of the current challenges and gaps in service as well as areas where they would like to see resources directed. Equal importance was placed on identifying community strengths and assets. We encouraged them to examine ways of building on or better utilizing their existing foundation of support.



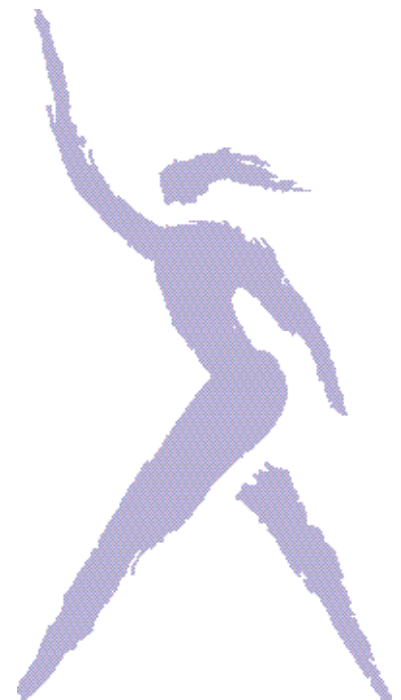
DESCRIPTION OF THE SESSION AGENDA

*A*s this was often an attendee's first interaction with The Women's Foundation, the meeting began with a short introduction to our work, including a more detailed overview of the work of the Smart Choices Initiative. As a part of this introduction, we conveyed our commitment to producing this report and sharing the information gathered at the statewide sessions with them, as well as other organizations or foundations interested in the health of the women and girls in their community. In addition, each participant received a copy of the meeting's attendee list, along with the complete detailed minutes of the meeting.

In most communities, participants were not familiar with one another and adequate time needed to be set aside to allow attendees to share the nature of their work. This introduction period unified the group and was invaluable in the creation of a sense of community that helped set the tone for the rest of the meeting and, we hope, beyond. Identifying the disassociation of individuals and organizations working toward similar goals within the same community is an important lesson from our work and it is elaborated on in the *Recommendations and Next Steps* section of this report.

The attendees broke into smaller groups to examine the community's strengths and assets in regard to meeting their reproductive health needs. Each group developed a list of services, programs, community leaders, funders, politicians, collaborations, and other local resources. This conversation allowed for some natural discussion of gaps and challenges, but these issues were kept separate to lead a later discussion. As a reunited larger group we combined the unique items from each of the three asset lists, creating a kind of "asset map" of the community.

Beginning with the gaps and challenges that surfaced during the asset mapping session, the group took a closer look at the challenges the community was facing. As a final exercise, we asked the participants to write down their answer to the question, "If you could change one thing, what would it be?" When time permitted, we shared the answers aloud as a group and if there was a thread of consensus, we led a conversation to develop possible next steps as a community. In parting, the Foundation offered to help organize or provide resources if there was any desire for the group to meet again.



SUMMARY OF THE LISTENING SESSION CONTENT

The following summary of the issues covered at the meetings is not intended to be exhaustive, it is meant only to reveal the general “flavor” of the discussions. Detailed minutes from the individual meetings can be requested from the Foundation’s program staff. The minutes include descriptions of programs available to the community. A table of the information collected from participants’ answers to the question “If you could change one thing, what would it be?” can also be obtained from Foundation staff.

Bakersfield

Bakersfield was arguably the most conservative community that we visited. The church has had a very strong influence in defining public policy around family planning and choice in the community. There was a sense that the conservative movement may be loud rather than large, and that there is a real need to increase the voice and power of the progressive community. The community operates under the threat of violence toward abortion providers and pro-choice advocates and thus was not particularly comfortable with discussion about choice.

This group was the smallest convened and, in regard to the range of issues represented, was relatively homogenous. The attendees were primarily clinicians, public health workers, and representatives of reproductive health service organizations. The group did speak to the need to involve organizations focusing on more diverse issues and identified the Kern County Collaborative, a network of over 80 area CBOs managed by the Kern County Network for Children, as a good local model for community based organizing.

When asked to convey one thing that they would like to change, a number of attendees expressed interest in reaching young people in the community with comprehensive, school-based sexuality education. Several of the participants spoke of needing to become more involved on a policy level to influence school policy to allow education and services. There was also interest in working to change community attitudes through media campaigns and broad-based public education, to develop community support, to increase openness in regard to reproductive health issues, and to provide public education and clarity around what being pro-choice does and does not mean.

A three-person task force was designated to discuss next steps. Within a month, that task force had arranged for distribution of contraceptive pills, HIV/AIDS testing, STD screening and vaccination in the Lamont area, a location identified at the Listening Session as underserved.

“Studies show that most parents want sexuality education taught in the schools. I think we need to organize the parents to assert their voices and inform the school boards of their opinions.”

— Meeting participant



Watsonville

Attendees in Watsonville identified high expectations for civic participation and the work of supportive local politicians as key strengths. The need for increased, directed community outreach and the lack of quality, culturally competent care — especially for immigrants and populations of color — were offered as challenges to the community. However, the fact that those issues were also named as strengths, suggests there is a good base on which to build.

Transportation was singled out as being a tremendous barrier to access to care. There was discussion around the challenges of expanding mobile services and the need to think creatively about how to fight the cultural barriers associated with the practical application of their use in the community, particularly issues of confidentiality and safety. Populations identified as being inadequately reached included undocumented women, monolingual non-English speaking women, infertile women, teens, and women diagnosed with breast cancer.

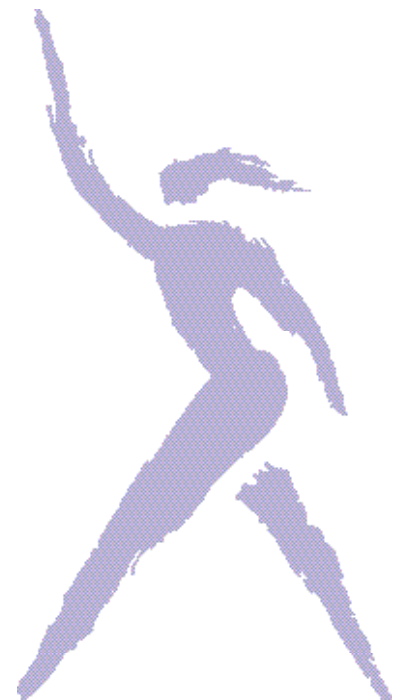
When asked what one thing they would like to change, responses revealed a great interest in school-based sexuality education along with a desire to do parent or parent/child education, possibly using a peer or promotora model. A number of attendees focused on the centralization of services as a means to overcoming access barriers, suggesting a site that combines reproductive health care with other services such as welfare assistance, HIV/AIDS care, mental health care, and job skill training.

At this stage, building consensus toward next steps was difficult. Further discussion built on a common theme of education as a strategy, but it was broad reaching in application, including public media campaigns, education on the issue of reproductive choice, school-based sexuality education, and family communication and education.

“I’d like to see more family education, bringing mothers and daughters together to talk about menstruation and sexuality.”

“We could create outreach teams, a male and a female, who could demonstrate how a couple could talk about reproductive health care between themselves and their children.”

— Meeting participants



Eureka

Eureka is a politically active community, and the fact that Humboldt County has the highest Green Party voter registration in the country gives the area a unique flavor, including significant interest in Universal Health Care. The participants identified the energy of its socially responsible community as one of its greatest strengths, and there were numerous effective programs and services described, including teen drop-in clinics and some mobile services.

A discussion of the area's current situation revealed two arson attempts at the local Planned Parenthood, the only abortion provider in a 100 mile radius, and the second highest STD rate in the state, which could be attributed to improved screening and detection services in the county. According to an attendee from the Hoopa Indian reservation, although living conditions on the reservation are improving, the local Native American population continues to have higher STD rates, higher teen pregnancy rates, prevalent drug and alcohol abuse problems, especially among women, and a lack of birthing facilities on the reservation.

Among the challenges and gaps in service, transportation was revealed as an enormous barrier to access to care and led to lengthier discussion of the need for reimbursement programs and expanded mobile services to reach isolated communities. Youth, Native American, lesbian, post-menopausal, and infertile women were among those identified as receiving inadequate access to care. Again there was interest in providing information and services to young people through the schools.

Responses to the question "if you could change one thing..." addressed many of the challenges and gaps revealed earlier and led to discussion about increasing communication and sharing among providers and community-based organizations in an effort to make the most effective use of existing services. There was some interest in focusing on making services more accessible by simplifying paperwork and instituting provisions to decrease the numbers of individuals who are turned away from clinics without obtaining care.



"We need to institute a broad definition of reproductive health that does not exclude based on age, sexuality, or the intent or ability to reproduce."

— Meeting participant

San Jose

This meeting was larger and attendees were more diverse in terms of age, issue focus, and ethnicity than participants at the previous three sessions. San Jose is a comparatively wealthy county, although nearby areas such as Morgan Hill, Gilroy, and East Palo Alto do not have that advantage. There are effective and experienced organizations in the area, as well as many wonderful organizations providing important services.

Assets identified include a strong care system for the indigent, services available at nearby migrant camps, an active Interfaith Counsel, and several providers that do not ask for immigration or citizenship documentation. There are a number of effective collaborations and coalitions, including a functioning Pro-Choice Coalition and a coalition to address a crisis in South County due to a local Catholic Hospital merger.

The impact of the buyout of medical facilities by religious organizations has been a challenge for this area. A recent merger has brought about a reduction in services available to those living in the poorest communities and the elimination of family planning services, fertility options, vasectomy, and tubal ligation procedures within a 30-mile radius of Gilroy. A coalition was developed to increase awareness about the issue and to advocate for reinstatement of services.

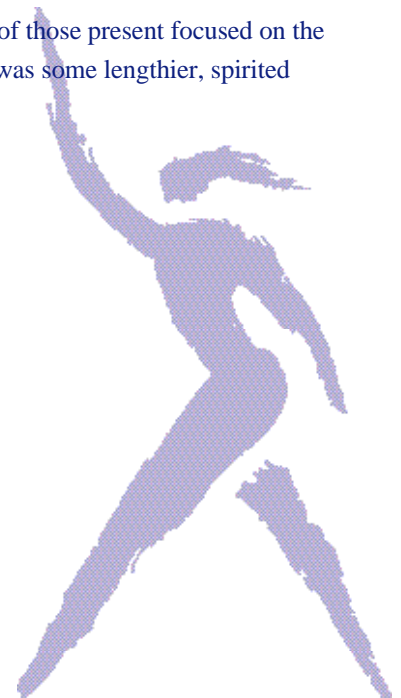
Other challenges noted included:

- lack of doctors in South County that will accept MediCal;
- lack of safe and accessible abortion providers;
- cultural and language gaps (Bosnian, Somalian, and Ethiopian communities among others);
- addressing the reproductive health care of women who have more immediate survival needs (i.e. food, shelter, domestic violence); and
- restrictive service provider hours.

Ideas for change revealed yet another trend in regard to youth and education. A number of those present focused on the need for a statewide sexuality education mandate, education of school boards and there was some lengthier, spirited discussion about peer or near-peer education models.

“We need to involve more young people in the pro-choice movement, including young people of all economic and ethnic backgrounds.”

— Meeting participant



San Diego

The San Diego meeting was very well attended, with nearly 35 people representing a variety of organizations from both sides of the California/Mexico border. The entire session was held in Spanish and English. There was much mentioned during the introduction period about the high profile “Paulina”²⁶ legal battle in Baja. The case has created opportunity for more open discussion in Mexico about the lack of abortion access and poor health policies there.

This area has been making effective use of the *promotora* model, training groups of women to do community education. These *promotoras* are beginning to work on local policy issues such as extending library hours and closing down inappropriate businesses to improve the health and safety of their neighborhoods. Community assets named were numerous and included a network of over 30 confidential and discreet community clinics, a group of licensed midwives offering low-cost or *pro bono* care, available culturally competent care, and good collaboration, communication, and referral among programs and service providers.

Challenges and gaps included:

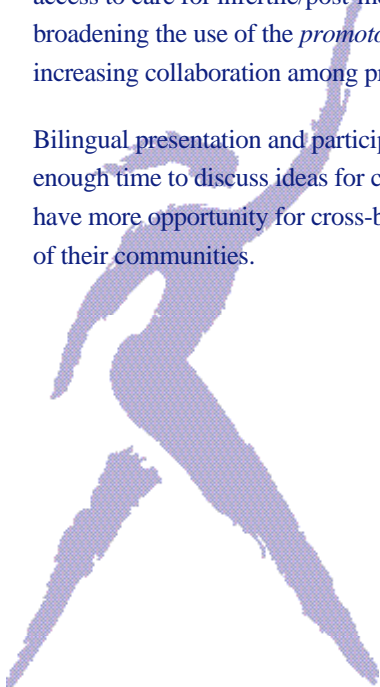
- the presence of the Border Patrol personnel at local community clinics, creating a threatening environment for immigrant populations;
- lack of reproductive health care for lesbians, infertile women, and undocumented workers;
- hostile school boards thwarting efforts to do school-based education;
- hospitals with insufficient funding for community programs;
- conservative politicians; and
- a general hostility toward immigrant populations by the radio and other media.

When asked to convey one thing they would like to change answers ranged widely. Ideas included focusing on increasing access to care for infertile/post-menopausal women; creating regular forums for discussion similar to the Listening Sessions; broadening the use of the *promotora* model; creation of more culturally competent educational materials and services; and increasing collaboration among providers offering free and confidential services regardless of nationality.

Bilingual presentation and participation was absolutely critical to the success of this meeting. The process left us without enough time to discuss ideas for change as a group, but it was very clear that these individuals and organizations are eager to have more opportunity for cross-border communication and more time to discuss ideas for impacting the reproductive health of their communities.

“The broadening of the use of the promotora model would be an excellent way to increase health care access for all underserved women. To begin with, we could put a promotora at every community clinic in San Diego County.”

— Meeting participant



Sacramento

The Sacramento meeting was attended by a range of service providers, politicians, and advocates, including those working on sexual assault, HIV/AIDs, refugee health, Native American Indian health, emergency contraception, disability access, and more.

This is a group that understands the impact of legislative policy in a way that other communities do not. Along with this knowledge of “how the system works,” one of the main assets in the community is their proximity to legislators who can see work first hand. Because of this, projects can be shown as models for statewide/national expansion. On the flip side, there is a sense that because the largest employer is the State government, which offers good health benefits, too few people are concerned about the needs of the low-income and uninsured populations.

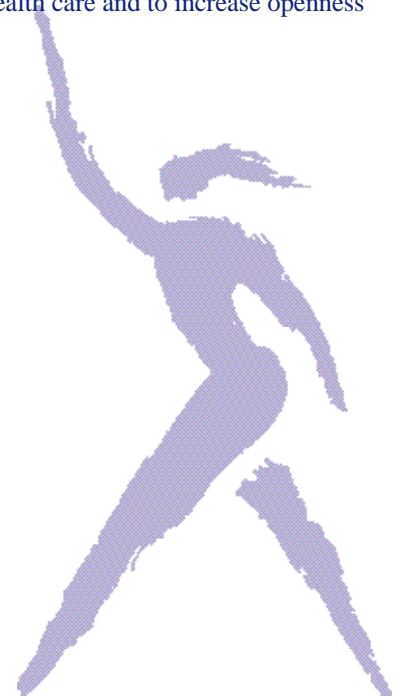
Some of the community assets identified included good youth leaders, some access to schools, particularly for pregnant teen and parenting teen projects, and support from local teachers. Further, there is some collaboration with the faith community, a strong referral network, and a core group of people committed to the needs of the rural communities.

As we heard in many locations, transportation barriers are a key challenge for this community. Cost of living and the increasing income gap is forcing people to move out of the urban area and the need to commute is growing. Other challenges include a history of violent incidents directed at the local abortion provider creating a fear of publicizing available services; the recent closing of a local teen clinic due to lack of funds; the need for culturally appropriate outreach and services for the rural Native American and urban Russian communities; and the increase in substance abuse among the educated middle class and the myth that this is a problem largely based in low-income, low literacy communities.

When asked to identify one thing they would like to change, there were many responses reflecting an inclination to focus on community attitude change. There is a strong desire to improve communication among schools, churches, parents, teens, and community leaders in order to remove the stigma surrounding reproductive health care and to increase openness and awareness of reproductive health issues.

“I suggest a community norm change campaign to teach the public to treat reproductive health and sexuality issues as positive, natural parts of life.”

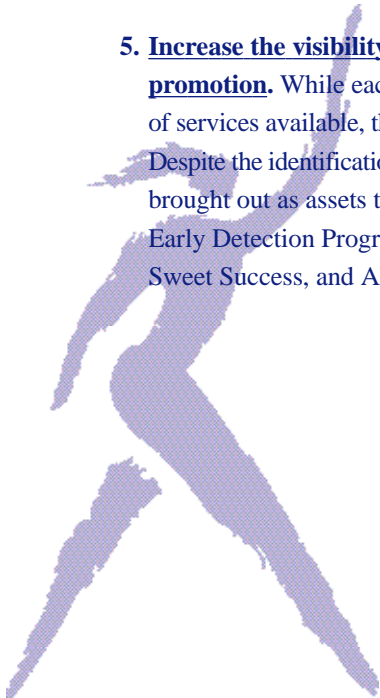
— Meeting participant



TRENDS ACROSS THE SIX MEETINGS

*A*lthough each session was unique in many ways, there were some issues and themes that were conveyed in nearly every community.

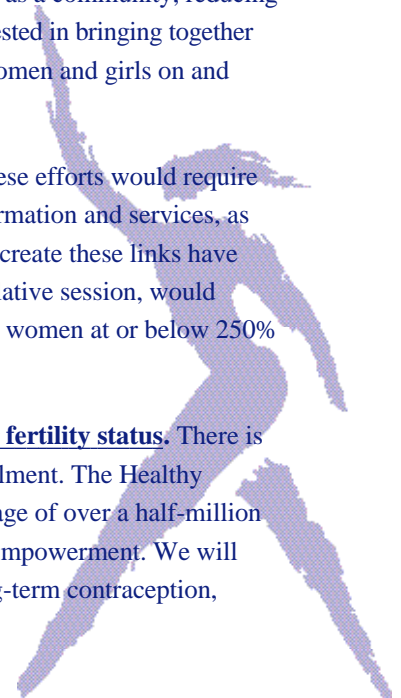
- 1. Improve and expand youth and teen sexuality education programs.** There was a clear desire to advocate for the standardization of early and comprehensive, school-based sexuality education programs. The participants were aware that they needed to work within the community to convince the local school boards of the need as well as increase the voice of supportive parents.
- 2. Eliminate the gap between diagnosis and treatment of disease.** While programs exist to make diagnostic care accessible, there is often not enough done to link the patient to affordable treatment. For example, each location listed the Breast Cancer Early Detection Program as an asset being utilized by their community. Each location also listed as a gap in service the lack of access to treatment for those women whose screenings showed irregularities.
- 3. “De-link” affordable reproductive health services to a woman’s fertility status.** There was a clear sense of injustice that women who choose not to or are unable to have children, including women using long-term contraception, lesbians, and post-menopausal women, are not provided with equal access to care.
- 4. Centralize services to address the need to reach more people more effectively.** Placing reproductive health clinics in locations that offer other kinds of assistance to low-income populations such as job skills training, mental health care, food banks, and welfare assistance programs would address transportation, time, and confidentiality barriers. Clinics that are removed from other services can be difficult for women to access. Women feel discouraged from seeking treatment at remote clinics where the public may perceive them as seeking contraception, which is still taboo in many communities.
- 5. Increase the visibility and utilization of existing community services by increasing outreach and promotion.** While each area would naturally like to have additional resources to increase the number of services available, they would also benefit from greater outreach and promotion of existing programs. Despite the identification of challenges with practical application, the following programs were repeatedly brought out as assets to the community and worthy of increased visibility: Family PACT, Breast Cancer Early Detection Program, Healthy Start, Healthy Families, Comprehensive Perinatal Service Program, Sweet Success, and AFLC-Cal Learn.



RECOMMENDATIONS AND NEXT STEPS

Smart Choices will continue to explore the issues revealed in this first year's work and will strive to raise additional resources to bring more focused attention to key community concerns. We will focus our work around the following recommendations:

- 1. Establish a proactive policy and advocacy agenda focusing on and involving youth.** The educational and service needs of young people were of foremost concern in many communities, including a state-level strategy to develop directives for schools, while at the same time working with local groups to strengthen their influence on school board decisions and encouraging greater involvement of parents and young people in shaping more effective education. We will support any legislation that encourages schools to provide such education and will work to encourage a statewide mandate. A multi-tiered statewide strategy to achieve this would involve working with legislators and lobbyists to encourage policy change, with local groups to strengthen their influence on school boards, and with parents and young people to increase their influence in shaping more effective education.
- 2. Support the growth and development of broad-based reproductive health coalitions to increase the voice and role of the community in shaping local and state policy.** Bridging the gap between the needs of the community and organizations and individuals who shape statewide policy relies on the formation and development of broad-based grassroots community organizations that can articulate these needs, as well as establishing important communication links. This work will take investment, coordination and education on many levels.
- 3. Convene groups to share information, identify ways to improve reproductive health outcomes, and work toward better utilization of existing services and resources.** The participants in the Listening Sessions often did not know one another and were unfamiliar with each other's work. They expressed a strong desire to exchange information and work more effectively as a community, reducing overlap and addressing gaps or larger issues together. We are particularly interested in bringing together individuals and organizations working on the reproductive health needs of women and girls on and around the California/Mexico border.
- 4. Impact policies that link diagnostic screening to a continuum of care.** These efforts would require state-to-county coordination, linking diagnostic screening and treatment information and services, as well as funding for services. Over the last several years, legislative efforts to create these links have been unsuccessful. Senate Bill 224, currently pending in the 2001/2002 legislative session, would provide breast and cervical cancer treatment under the Medi-Cal program for women at or below 250% of the federal poverty level.
- 5. Expand affordable reproductive health services without regard to age or fertility status.** There is a clear need for culturally competent education and services with eased enrollment. The Healthy Families expansion, addressed in Assembly Bill 785, could lead to the coverage of over a half-million uninsured Californians and provides unique opportunities for education and empowerment. We will also support efforts to increase equitable access to care for women using long-term contraception, lesbians, and post-menopausal women.



CHALLENGES AND OPPORTUNITIES

Women and girls across the state provided several valuable lessons and insights regarding community-level reproductive health organizing efforts.

- 1. Health and social justice organizations as well as young and emerging leaders have a great deal to add to the conversation, but it takes a concerted effort to bring them to the table.** It was often necessary to have individual conversations about the connection between reproductive health and rights, the larger goal of improving the health and well being of the women and girls in the community, and other social justice issues. Although we routinely sought referrals from reproductive health organizations to identify individuals or organizations focused on other issues, those links were not in place and we had to place greater emphasis on locating organizations and individuals ourselves, often doing research on the World Wide Web.
- 2. The degree to which the participants at each location resonated to policy issues varied widely in relation to their experiences and how they perceived the political climate in their region.** Many of those who expressed interest in working on change at the policy level recognized that they needed training and even assistance on where to seek out that training.
- 3. There is no substitute for visiting the community to learn about what is happening there.** It has always been important to The Women's Foundation to be sponsored by local organizations when we go into the community, and Planned Parenthood provided wonderful connections and opportunities for dialogue. In a welcoming, comfortable setting participants spoke up readily and recognized their assets in the face of many challenges and gaps.
- 4. Building consensus in the early stages of discussion is a challenging task, especially in the complex and multi-layered field of reproductive health.** In any attempt to create a unified agenda, coalitions will need to clearly outline:

- reproductive health issues they want to focus on;
- target populations they would like to reach;
- strategies for change they recommend; and
- specific reproductive health outcomes they would like to achieve.

Among other things, the more specifically these four elements are defined, the easier it will be to evaluate the effectiveness of the group's activities.

When we asked participants at the Listening Sessions the open-ended question "If you could change one thing, what would it be?" We received a wide range of answers that addressed at least one of these areas but, most often, a combination of the four. Appendix A reveals the various ways that the question could be answered and conveys how confusing the process of creating a unified agenda might be for organizers.

ENDNOTES

1 Kaiser Family Foundation, "Teen Sexual Activity," August 2000 (factsheet).

2 Rene Almeling, Lauren Tews and Susan Dudley, "Abortion Training in U.S. Obstetrics and Gynecological Residency Programs, 1998," *Family Planning Perspectives*, vol. 32, no. 6 (Nov/Dec 2000): 268–271 & 320.

3 NARAL Foundation, "The Reproductive Rights & Health of Women of Color," 2000, 26.

4 Emergency contraception can be used to prevent pregnancy up to 72 hours after unprotected sexual intercourse. Emergency contraception does not terminate an existing pregnancy, but works to prevent ovulation, fertilization, and/or implantation, and so prevents pregnancy from occurring. Emergency contraceptive pills contain the same hormones as ordinary birth control pills but at a higher dose. Two brands of emergency contraception are Plan B and Preven.

5 Medical abortion is a safe, non-surgical option for early (up to 49 days) abortion using either the drug mifepristone (also known as RU-486) or methotrexate, in combination with misoprostol.

6 Emily's List, "Roe at Risk," *Notes from Emily*, December 1999, 1.

7 NARAL, "The Presidency and Supreme Court Justices," <http://www.naral.org/mediaresources/fact/presidency>, Feb. 22, 2000 (factsheet).

8 Kaiser Daily Reproductive Health Report, "60 Minutes Reports on Catholic Hospitals, Reproductive Health Services," Dec. 11, 2000, #5.

9 CARAL Pro-Choice Education Fund/Women's Health Rights Coalition, "Holes in the Safety Net: The Lack of Abortion Access in California Hospitals," June 1999, 1.

10 NARAL Foundation, "The Reproductive Rights & Health of Women of Color," 2000, 19.

11 Kaiser Family Foundation, "Is There Room for Conscience Without Compromising Access?" Nov. 4, 1997, 2–3.

12 CARAL Pro-Choice Education Fund/Women's Health Rights Coalition, "Holes in the Safety Net: The Lack of Abortion Access in California Hospitals," June 1999, 1.

13 Rene Almeling, Lauren Tews and Susan Dudley, "Abortion Training in U.S. Obstetrics and Gynecological Residency Programs, 1998," *Family Planning Perspectives*, vol. 32, no. 6 (Nov/Dec 2000): 268–271 & 320.

14 CARAL Pro-Choice Education Fund/Women's Health Rights Coalition, "Holes in the Safety Net: The Lack of Abortion Access in California Hospitals," June 1999, 5.

15 CARAL Pro-Choice Education Fund/Women's Health Rights Coalition, "Holes in the Safety Net: The Lack of Abortion Access in California Hospitals," June 1999, 1.

16 The Women's Foundation, "Nearly a Failing Grade: A Report Card on the Health Status of Women and Girls in California," January 2001, 4.

17 NARAL Foundation, "The Reproductive Rights & Health of Women of Color," 2000, 20.

18 <http://www.dhs.cahwnet.gov/pcf/office/FamPACT/>.

19 <http://www.healthyfamilies.ca.gov/>.

20 NARAL Foundation, "The Reproductive Rights & Health of Women of Color," 2000, 20.

21 Ibid.

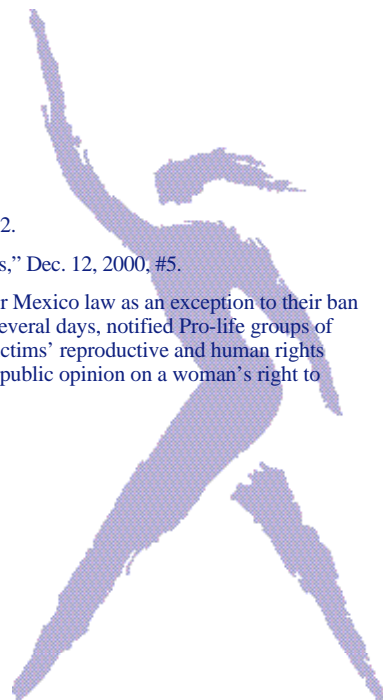
22 CARAL, "Emergency Contraception: The Resource Guide for California," 2000, 1.

23 Ibid.

24 *SEICUS Report*, "Issues and Answers: Fact Sheet on Sexuality Education," vol. 27, no. 6 (Aug/Sept 1999), 2.

25 Kaiser Daily Reproductive Health Report, "Searle Letter Hinders Off-Label Use of Misoprostol in Hospitals," Dec. 12, 2000, #5.

26 Paulina is a 13-year-old Mexican rape victim who was denied the right to an abortion as guaranteed under Mexican law as an exception to their ban on abortion. Paulina's privacy was violated when hospital directors deceptively kept her in the hospital for several days, notified Pro-life groups of her presence, and offered religious advice. This was the first documented case in Mexico in which several victims' reproductive and human rights were violated. The scandal, commonly referred to as the "Paulina case," generated international debate and public opinion on a woman's right to legal abortion and has been included in Mexico's national discussion of women's rights.



APPENDIX A: ANSWERS TO THE QUESTION “IF YOU COULD CHANGE ONE THING . . .”

Below is a look at the range of answers to the question “If you could change one thing, what would it be?”:

<u>Response</u>	<u>Analysis of Response</u>
Increase public education.	General strategy
Increase access to reproductive health services and education for everyone.	General outcome
Create a media campaign using popular cultural icons.	Specific strategy
Decrease the number of unplanned pregnancies.	Specific outcome
Increase focus on Emergency Contraception.	Specific issue
Increase focus on reaching women over the age of 40.	Specific target population
Educate the public to improve reproductive health outcomes.	General strategy to affect a general outcome
Educate the public about Emergency Contraception.	General strategy to affect a specific issue
Educate the public to decrease the number of unplanned pregnancies.	General strategy to affect a specific outcome
Educate young people.	General strategy to affect a specific target population
Provide educational presentation to school boards to improve reproductive health.	Specific strategy to affect a general outcome
Inform the public about STDs and HIV/AIDS through educational and media campaign.	Specific strategy to affect a specific issue
Increase screening for and decrease the spread of, STDs and HIV/AIDS by informing the public through educational presentations and a media to affect a specific issue presentations and a media campaign.	Specific strategy to affect a general outcome
Provide educational presentations to school boards detailing the importance and specific outcome of early, comprehensive, factually accurate, school-based Sexuality Education that is free of racial and gender bias in order to decrease the number of unplanned pregnancies and STD rate among young people.	Specific strategy to affect a specific target population and specific outcome
Create equity between men and women.	Outcome not specific to reproductive health but affects a woman’s reproductive health

APPENDIX B

SMART CHOICES: WOMEN AND GIRLS LIVING WELL

GRANTEES 2000/2001

Alaide Foppa, A.C., Mexacali, Baja California, Mexico \$5,000.00
Funding to do further planning for Sexual and Reproductive Rights Awareness and Training Program for young women.

Asians and Pacific Islanders for Reproductive Health, \$11,250.00
Oakland, CA
Project Title: *The Asian and Pacific Islander Teen Pregnancy Prevention Initiative (API-TPPI)*
Funding to support API-TPPI, which aims to build leadership among young API women to engage in policy advocacy and to develop an effective teen pregnancy prevention model for the API community.

Avenal Community Health Center, Avenal, CA \$5,000.00
Funds to design and pilot a reproductive health and sexuality education component to partner with their direct service work in the community, a mostly Hispanic population. They will work toward reducing the number of unintended pregnancies in teens and young adults.

CARAL Pro-Choice Education Fund, San Francisco, CA \$15,000.00
Project Title: *Women of Color Organizing Project (WOCOP)*
WOCOP aims to increase support for reproductive choice in communities of color and to make choice in communities of color an organizational value and reality at all levels of CARAL. CARAL will work closely with women of color organizations and activists to increase pro-choice activism, to improve their ability to represent California's pro-choice majority and to make the reproductive rights movement more reflective of and responsive to the many voices of California.

Casa de la Mujer Grupo Factor X, A.C., \$15,000.00
Tijuana, Baja California, Mexico
Funds to rehire a + time gynecologist and half-time psychologist to provide care to walk-in clients and those contacted by a network of promotoras who are located in nearby communities and factories. They work to provide quality, connected, comprehensive care, including physical, psychological and legal assistance.

Centro Mujeres A.C., La Paz, Baja California, Mexico \$15,000.00
Project Title: *Accessing Options to Exercise our Rights*
Support for workshops and one-on-one training on sexual and reproductive rights for public defenders throughout the state. Emergency contraception will be promoted as a tool to avoid forced and unwanted pregnancies. The emergency pill will also be promoted in the teen program, in order for teens to have access to the information and tools they need to exercise their right to decide.

Choice USA, Washington D.C. \$15,000.00
Project Title: *Next Generation Campaign*
The Next Generation Campaign, a national campaign with focus in California, educates young people aged 15 to 25 about reproductive health issues, persuading them to support reproductive choice, motivating them to take pro-choice action, identifying and training the next generation of pro-choice leaders and rebuilding the eroded grassroots base of the pro-choice movement.

<p>Fronteras Unidas Pro Salud, A.C., Tijuana, Baja California, Mexico</p> <p>Project Title: <i>Wise Girls' Choices</i></p> <p>Funding to promote the empowerment of 50 young girls by having an active participation in their community. The girls will be trained in sexual and reproductive health and they will be capable in providing information, referrals and skills that increase their self-esteem, enhance their relationships, and improve their sexual health and well-being.</p>	<p>\$8,750.00</p>
<p>Microbicides as an Alternative Solution, Berkeley, California</p> <p>Support to work on organizational planning and development.</p>	<p>\$5,000.00</p>
<p>National Network of Abortion Funds, Amherst, NH</p> <p>Project Title: <i>Campaign for Access and Reproductive Equity (CARE 2000)</i></p> <p>Funds to support organizing, policy, and direct service work to ensure equality of access to abortion and reproductive health care. Member Abortion Funds in Oakland, Santa Cruz, Los Angeles, and San Diego provide financial assistance to growing numbers of low-income women and girls in California who do not have the resources to secure abortion and other basic reproductive health services. CARE 2000, a nationally coordinated, grassroots, public education campaign with a strong California component, is organizing across the country for abortion access and reproductive rights within a context of fairness and equity for low-income women, young women, and women of color.</p>	<p>\$15,000.00</p>
<p>Organization Lilith de Mujeres Independientes, Tecate, Baja California, Mexico</p> <p>Funding to carry out training for 12 promotoras representing four urban/marginalized communities. The training will focus on Reproductive and Sexual rights, including the importance of PAP exams. The promotoras will take their knowledge back to their communities where they will convene groups of women once a month and provide them with the information.</p>	<p>\$15,000.00</p>
<p>Planned Parenthood Mar Monte, South Lake Tahoe, California</p> <p>Project Title: <i>HOPE Outreach Healthcare Expansion</i></p> <p>Funding to expand the HOPE Outreach healthcare services and reproductive health education to the South Lake Tahoe area in El Dorado County.</p>	<p>\$15,000.00</p>
<p>Women's Health Rights Coalition, Oakland, California</p> <p>Project Title: <i>General Operating Support</i></p> <p>General support for the ACCESS toll-free hotline, volunteer practical support network and abortion fund, which provide information, referrals, and material resources to women and girls seeking abortions, birth control, prenatal care, HIV/STI services, and more.</p>	<p>\$10,000.00</p>



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