Reproductive Health Care through the Eyes of Latina Women: Insights for Providers

By Selma Caal, Lina Guzman, Rose Ann Renteria, Jennifer Manlove, Kaylor Garcia, Katherine Rodrigues, and Elizabeth Wildsmith

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Overview

Latinos represent the fastest growing and largest minority group in the United States, making up 16 percent of the nation's population in 2011.[13,53] Latinos also constitute a segment of the population that is experiencing high rates of sexually transmitted diseases (STDs), teen childbearing, and unintended pregnancy, issues of broad societal concern. For example, in 2009, the rate of childbearing among Latinas between the ages of 15 and 19 was 41 per 1,000, compared with 11 per 1,000 for white teen women in that age group;[37] and in 2006, the unintended pregnancy rate for Latinas was 82 per 1,000, compared with 36 per 1,000 for white women.14

A better understanding of how to improve delivery of sexual and reproductive health services has the potential to increase consistent contraceptive use and reduce such high rates. With this aim in mind, this report presents nine recommendations for sexual and reproductive health clinics and providers to increase young Latina women's access to services. The recommendations are based on findings derived from 14 focus groups conducted by Child Trends in three cities in the United States with young adult Latina women (18-24-years-old) and with reproductive health care and social service providers serving large Latina populations. We supplemented the focus group data with information obtained through an extensive review of the research literature (see "About the Study," page 32).

Recommendations 1-5 address provider practices to enhance direct services for Latina women, including building rapport and trust. Recommendation 6 addresses the need for a clinic-wide policy that should be communicated clearly to Latina women at the outset to facilitate direct services for this population. Recommendations 7-9 address strategies that clinics can use to access and engage the communities they serve to enhance service delivery for Latina women. Each recommendation also includes a key practice and message, and a list of suggested resources with helpful information for implementing the respective recommendation.

Why Focus on Young Adult Latina Women?

Young adult Latina women have higher rates of STD infection and unintended pregnancies than young adult white women. For example, in 2010:

- The rate of Chlamydia infections among 20-24 year old Latinas was 2,714.4 per 100,000, versus 1,357.9 per 100,000 for 20-24 year old white women;[6] and

- The rate of Gonorrhea infections among 20-24 year old Latinas was 237.2 per 100,000, versus 156.7 per 100,000 for their white counterparts.[6]

Further evidence of the reproductive health disparities between young adult Latina and white women can be seen in two other sets of statistics:

- About 30 percent of Latinas will give birth by age 20, compared with 14 percent of non-Latina white women;[38] and

- Unmarried Latina women 20-29 years old have an unintended pregnancy rate of more than double that of non-Latina unmarried white women of the same age, and these rates continued to rise between 2001 and 2008.[58]

Jose Luis Pelaez/ Blend Images/Getty Images

Statistics need context. The statistics documenting the differences between Latina women and white women on measures of sexual and reproductive health reflect Latinos' lower rates of condom use and of consistent and effective contraceptive use, in general.[9,41] At the same time, the broad diversity within the Latino population has important implications for reproductive health and other health behaviors. For example, the unintended pregnancy rate for Latinas below the poverty line is approximately six times higher than the unintended pregnancy rate for Latina women at or above 200 percent of the poverty line.[14]

High rates of STDs and unintended pregnancy among Latinas, along with low rates of consistent and effective contraceptive use, suggest that many Latina women who need sexual and reproductive health services may not be getting them. Indeed, recent surveys indicate that the number of Latina women in need of contraceptive services rose by 27 percent between 2000 and 2008, more than for any other group.[19] However, many sexual and reproductive health care organizations face challenges in reaching out to Latino clients and ensuring that they return to receive further services.[23] Young adult Latinas may face challenges accessing health care as they transition off their parents' insurance or if they lack jobs that offer health coverage; indeed, young adults are more likely than other age groups to lack health insurance.[50] Thus, a better understanding of how to improve sexual and reproductive health care service delivery, including utilization and access among both foreign- and native-born young adult Latinas, has the potential to help increase contraceptive use effectiveness and consistency and reduce high rates of STDs, teen childbearing, and unintended pregnancy in many Latino communities.

Recommendations for Providers

Recommendation 1: Provide Latina clients with personalized provider-client interactions to build the trust and rapport they need to feel comfortable discussing their reproductive health concerns.

Research suggests that many Latinos distrust and may even fear the health care system,[10] and that these attitudes discourage them from seeking health services.[28] Distrust and fear are particularly common among undocumented Latinos, who worry that health care workers will disclose their legal status to immigration authorities,[45] as well as among immigrants, who find the U.S. health care system different from that of their home countries.[35] Additionally, Latina women may feel uncomfortable discussing sexual issues with providers who they do not trust or have a rapport with due to Latino cultural norms that cast sexually explicit conversations as taboo. While trust is an important component of all client-provider interactions, it may be especially critical when providing care to Latina clients.

Research shows that on the basis of the Latino cultural norm of personalismo, Latina women value personable, warm, and friendly social interactions that build trust.[28] Findings from our focus groups with young Latina women offer some examples of provider-client interactions that build rapport and trust. For instance, women preferred providers who took time to interact with them, making eye contact, and asking open-ended personal questions (e.g., Do you have any children? How old are they?)

Additionally, women perceived providers' willingness—or reluctance—to take time to exchange pleasantries and make everyday conversation as an indicator of whether or not the provider genuinely cared about patients.

Women also reported that personable interactions were pivotal in their selection of providers and their willingness to return for follow-up visits. The quality of client-provider interactions was so important that some women reported traveling long distances to receive services from preferred providers, avoiding nearby clinics that fell short in personalismo. Some of the providers we interviewed echoed this sentiment, stating that "you have to show that you care" in order for patients to be receptive to the

"There is another place close to us, but we...prefer to go to this one [clinic further away from home] for the same reason that they are very nice there. They talk well; they always remember me and ask me how I am."
-Latina Woman, Southwest

medical advice and services they offered. These findings indicate that although it may take health care workers additional time at first to establish rapport with Latina women, this initial investment will pay off in the long run.

Reproductive health care providers who succeed in making Latina women comfortable are likely to see benefits such as greater compliance with medical advice, lower no-show rates for follow-up visits, and higher patient satisfaction. Some clinic policies that may increase Latina women's comfort level in seeking reproductive health services include: allocating additional provider-client face-to-face time during a Latina woman's first visit, and providing rapport-building training sessions for front-office staff to ensure that a woman's first contact with a provider is culturally sensitive and welcoming. Such training is especially important because young adult women in our focus groups reported that interactions with front- office staff strongly influenced their first impressions of providers and their willingness to return for follow-up visits.

Suggested Resources

Quality Health Services for Hispanics: The Cultural Competency Component (National Alliance for Hispanic Health). This guide includes suggestions for improving one-to-one provider-patient interactions with Latinos.

http://www.hrsa.gov/culturalcompetence/servicesforhispanics.pdf

Physician Toolkit and Curriculum: Resources to Implement Cross-Cultural Clinical Practice Guidelines for Medicaid Practitioners (University of Massachusetts Medical School Office of Community Programs). This toolkit introduces the fundamentals of cross-cultural practice, and offers steps and processes to deliver quality health care to culturally diverse populations.

http://minorityhealth.hhs.gov/assets/pdf/checked/1/toolkit.pdf

Key Practice and Message for Recommendation 1:

Latina patients want to know that providers care about them as individuals. Taking time to talk about patients' lives outside of their medical visit sends a strong message that providers do care.

In Practice: During a patient visit, providers should ask a quick nonmedical question or check in on an important life event to build or reestablish a relationship with patients (e.g., Nice to see you! Are you excited about your son's first day of school?).[39]

> *"I think because like… everything has been a taboo about going to a clinic or wanting to know more information about STDs or anything, you just feel a little bit, I don't know, uncomfortable."*
> *-Latina Woman, West Coast*

Recommendation 2: Encourage Latina women to speak out about their sexual and reproductive health needs and concerns.

Latina women are often reluctant to share important health concerns with medical staff.[28] This reluctance may originate from Latino cultural values and norms, particularly respeto, a cultural expectation that women should behave with deference toward others based on people's age, gender, and authority. As a result of this perspective, Latina women, especially young or less acculturated and recent immigrant women, may perceive reproductive health care providers as authority figures,[1] and view voicing their opinions about the kinds of services they would like and need as disrespectful.

Additionally, as discussed in Recomendation 1, Latina women may feel uncomfortable raising sexual concerns because sexually explicit conversations are perceived as taboo. Furthermore, unmarried women may fear that such conversations imply they are sexually active, and thus promiscuous according to cultural norms.

Young adult women in the focus groups reported a strong desire to speak about their needs and express their opinions. However, they did not always feel they could do so because they were uncomfortable or embarrassed to talk about such topics or because they did not think they had the right to voice their opinions with providers.

These findings suggest that providers may need to clearly communicate to Latina women the importance of contributing their views to help providers understand the women's needs and develop sexual and reproductive health care plans that meet those needs. Findings from our focus groups highlight practices that encourage this kind of openness. Women and providers stated that Latina clients feel comfortable expressing their thoughts and opinions when providers are respectful of the cultural values that shape women's sexual and reproductive health care choices. Providers acknowledged the values of taking time to understand women's sexual and reproductive health care needs, being free of judgment, and incorporating women's health care preferences into individualized care plans as a means of respecting Latina clients' culture.

These findings indicate that while providers working with Latina women may have to take extra steps to empower Latinas to voice their reproductive health concerns, these extra steps will engage in the development of their reproductive health care plan and increase their adherence to it, as previous studies have shown.[44,52] Thus, it is important that young adult Latina women not only feel that their voices are heard, but that they also play an active role in shaping their health care plan and its implementation.

Key Practice and Message for Recommendation 2:

Being quiet does not mean a Latina patient has no concerns. Rather, she is looking to the provider for cues that she can voice them.

In Practice: Providers can guide patients to express their thoughts through a series of prompting questions (e.g., what questions do you have about…? Do any of your friends talk about …? What do they say?).[33]

Suggested Resources

Reproductive care providers can recommend that Latina clients print these resources out before their visit, and providers can also have copies available at their office or clinic.

Taking Charge of Your Healthcare: Your Path to Being an Empowered Patient

(Consumers Advancing Patient Safety). This fact sheet for patients and their families outlines key information patients should get from their health care providers during a visit. It can be printed by women in advance of a visit to have handy.

http://patientsafety.org/file_depot/0-10000000/20000-30000/24986/folder/85204/Booklet.pdf

Ask Your Doctor: A Quick Guide to Patient Empowerment

(Philhealth). This resource highlights key information patients should share with their health care providers, and provides a list of questions for patients to ask their providers.

http://www.philhealth.gov.ph/members/ask_ur_doctor.pdf

Recommendation 3: Conduct an individual client needs assessment.

Latina women are similar in that they may share an underlying Spanish heritage.[4] However, this shared cultural heritage does not equal shared life circumstances. Conducting an individual needs assessments can capture some of the personal circumstances that shape the care that Latina women need.

Because of the importance of an individual needs assessment, providers should be ready to work around the discomfort that some Latina women feel when divulging personal information. One way to do this would be to maintain highly detailed records, building the patient's profile over the course of her time at the clinic. However, a woman may not visit a clinic consistently,[3] or return for follow up care.[46] Clinics with high patient turnover may wish to consider non-physician staff (e.g. medical assistants) to talk with Latinas and collect information during waiting periods. These staff members may seem less authoritative to Latinas, and Latinas may be more inclined to talk with them.

Having the relevant information will help providers make informed decisions about treatment[21] and evaluate their own capacity to meet a woman's needs or determine if she might benefit from receiving other community services. For example, if a woman needs mental health services, the provider can refer her to such services.

Providers in our focus groups agreed that young adult Latina women may have different needs based on their personal experiences, and that these differences require different service approaches. The providers emphasized the importance of refraining from making assumptions about what Latina clients need or want. For example, one provider shared a story about an indigenous woman who had recently emigrated from the highlands of Guatemala, and who came into the clinic after learning she was pregnant. This woman spoke a Mayan language, and could have been written off as having no reproductive health knowledge. However, based on their conversation, the health care provider soon realized that the woman understood that she had reproductive health options and wanted to be in control of making those decisions. The provider describes her shock, saying, "Now this is a woman who had been off the mountain a year. She knew that she had a risk; she knew that she had options. She didn't know exactly what [those options] were, how to get them, but she knew [she had them]."

These findings suggest that by uncovering and understanding the individual needs of each Latina woman, providers can tailor services to maximize a woman's strengths and address challenges, as the provider above was able to do. An added advantage to a

"I think the challenge is that we don't have a homogenous group, we have such a continuum, and we have the generational issues. And there is always that desire to sort of cubby [hole] them…. One of the things is to always keep the open mind of that one exception that's not going to fit in."
-Provider, West Coast

client-centered approach is that it requires provider-client interactions that will reinforce Latina clients' feelings of trust and personalismo with their providers.

Suggested Resources

5 Step Patient-Centered Interviewing

(Auguste H. Fortin, MD, MPH and Jeffrey Stein, MD). This handout outlines five steps providers can follow to engage patients and encourage them to share information. A bibliography with additional resources is included.

http://members.aapa.org/aapaconf2005/syllabus/5024FortinSmithInterview.pdf

Practical Approaches for Building a Patient-Centered Culture

(Planetree). This Web site describes a range of practices currently implemented at patient-centered hospitals. Practices are organized according to 10 aspects of hospital care that patients consider priorities.

http://www.patient-centeredcare.org/inside/practical.html

Physician's Guide to a Patient-Centered Interview

(Michael Bednarski). This paper describes patient-centered care and offers strategies for facilitating patient-provider conversations.

www.nyhq.org/doc/Page.asp?PageID=DOC000304

Key Practice and Message for Recommendation 3:

The commonality among Latinas ends with their cultural heritage. Each patient has needs that cannot be assumed on the basis of being Latina.

In Practice: Any information you collect on your patient—from the medical to the personal—is more data that can be used to provide care. Electronic health records can help you compile patient information to provide more tailored care.[31]

"I get distracted very fast, so when I'm reading a pamphlet, my head is in another place… It's a chat that helps me. And if I have a doctor that tries to advise me… this is going to stick more than a piece of paper."
-Latina Woman, Mid-Atlantic

Recommendation 4: Tailor materials to address a range of literacy levels and English language comprehension among Latina clients.

Providing easy-to-understand patient information is critical to ensuring high-quality service delivery.[54] Effective communication is especially important for Latina women, who have varying levels of education, literacy, and English language comprehension.[22]

Our focus group findings underscore this point. Participants expressed a desire for more information in a range of readily understandable formats, such as fotonovelas (small pamphlets that health providers use for sharing information with clients) and videos,[15] in addition to clear verbal descriptions from providers. Many said they wanted providers to:

- Use charts, pictures, and other visual depictions to illustrate information;
- Use accurate, simple terms rather than medical jargon;
- Present information neutrally so women can make decisions for themselves;
- Deliver information in women's preferred language; and
- Be proactive about relaying information because the women might be embarrassed or unsure of which questions to ask.

Our focus group findings also suggest that providers should offer Latina clients visual and written material that depicts their cultures and ethnic backgrounds. For example, previous research shows that Latina women relate to images of Latina clients and that including such depictions can go a long way toward establishing culturally appropriate educational materials.[11]

Providers should keep in mind that a Latina with limited English proficiency may be highly literate in Spanish,[36] or that a Latina's preferred language may, in fact, be English[25]—and should respond appropriately. Moreover, providers should further encourage interactive communication with women by asking open-ended questions (e.g., Can you help me go through what we covered today? What did the doctor discuss with you?),[18] and assessing women's understanding of information on an ongoing basis.[57]

As illustrated in the Teach-Back—Show Me Method, providers may reduce error and increase adherence to health care advice or instructions by: 1) explaining and demonstrating a new concept, 2) assessing patient comprehension and asking patients to demonstrate the concept, and 3) clarifying and tailoring the message, and re-assessing patient recall and comprehension; at which point patients should comprehend and demonstrate mastery of the concept.

Key Practice and Message for Recommendation 4:

Informational materials and their presentation should show consideration for a Latina patient's educational level and linguistic background.

In Practice: Providers should assess any education materials being provided to patients. A good place to start would be with written materials. Readability tests, such as SMOG (Simple Measure of Gobbledygook), can be used to test the reading level of pamphlets in English and Spanish.[7] Providers should also give clear verbal descriptions and explanations of educational materials.

Suggested Resources

The Teach-Back—Show Me Method

(U.S. Health Resources and Services Administration). This strategy can be used by providers to ensure that new information is understood by the client.

http://www.ahrq.gov/qual/projectred/mod3/projectredmod3sl24.htm

The American Congress of Obstetricians and Gynecologists (ACOG) Patient Page.

This Web site offers printable information in English and Spanish that includes glossaries and pictures. Among the topics covered are contraception, information for teens, gynecological problems, and pregnancy.

http://www.acog.org/For_Patients

A-Z: A Practical Guide for Implementing the National Standards for Culturally and Linguistically Appropriate Services (CLAS) in Health Care

(Office of Minority Health). This resource offers a step-by-step guide to assist health care organizations in creating an environment that meets the needs and expectations of an increasingly diverse patient population.

http://minorityhealth.hhs.gov/assets/pdf/checked/CLAS_a2z.pdf

Beyond the Brochure: Alternative Approaches to Effective Health Communication

(AMC Cancer Research Center). This resource guides health educators and providers in developing non-literacy-based activities and materials to communicate information.

http://www.cdc.gov/cancer/nbccedp/pdf/amcbeyon.pdf

Recommendation 5: Educate and counsel Latina clients to improve their knowledge about contraception.

Many Latina women, including young adult women, lack accurate sexual and reproductive health information. For example, one recent nationally representative study found that 50 percent of Latino young adults reported having little or no knowledge about condoms, compared with 25 percent of white young adults.[29] Latino young adults were also more likely than were their white counterparts to hold inaccurate perceptions about side effects associated with hormonal contraception use, such as cancer.[29] Studies suggest that misinformation and misperceptions, which can originate from rumors and anecdotes among community members, may inhibit women from seeking sexual and reproductive health services or limit the type of contraception they consider using.

In line with this research, we found that young adult Latina women in our focus groups lacked basic contraceptive knowledge and that the information they did possess was often inaccurate. For example, providers in our focus groups reported that some women did not know how to use the pill and often held distorted notions about contraceptive methods (e.g., thinking that using hormonal contraception would make them infertile).

When asked what providers can do to improve services, Latina women stated they would like providers to inform them about the potential side effects of medications and the causes of various diseases and illnesses.

Women also explained that providers may need to be proactive about relaying this information because women may be embarrassed by, or unaware of, which questions to ask.

These findings indicate that while young adult Latina women may have gaps in their contraceptive knowledge, they are willing and ready to obtain new sexual and reproductive health information from providers. Providers may want to respond to this interest by conducting a brief sexual and reproductive health knowledge assessment to gauge women's current understanding of the facts. Providers can then use this information to educate and counsel women.

Suggested Resources

DHS Model Questionnaire Phase 6, 2008-2013

(Monitoring and Evaluation to Assess and Use Results of Demographic and Health Surveys, MEASURE DHS). This model questionnaire can be used to assess women's knowledge and use of a range of contraceptive methods.

http://www.measuredhs.com/publications/publication-dhsq6-dhs-questionnaires-and-manuals.cfm

Health Literacy Measurement Tools

(Agency for Healthcare Research and Quality). This Web site includes two short tools for assessing patients' general health literacy. One tool helps healthcare providers gauge patients' approximate English literacy level, while the other helps providers assess Spanish-speaking patients' ability to read and comprehend medical terms in Spanish.

http://www.ahrq.gov/populations/sahlsatool.htm

Health Literacy Universal Precautions Toolkit

(Agency for Healthcare Research and Quality). This handbook helps providers assess and improve their ability to meet the needs of people with varying literacy levels.

http://www.nchealthliteracy.org/toolkit/toolkit_w_appendix.pdf

Health Literacy Toolbox

(University of Rochester Medical Center). This Web page includes resources to help providers create understandable health information, and tools for measuring patients' health literacy and gauging the readability of materials.

http://www.urmc.rochester.edu/hslt/miner/selected_topics/HealthLiteracyToolkit.cfm

"One time a patient came like three weeks after the doctor gave her the prescription with her pack of pills and said, 'Me and my husband were looking in the small box and we didn't know what to do with it. So my husband said, 'Maybe we have to put that in your vagina. You know, put in one pill every time.' So they don't know and they are afraid to ask."
Provider, Mid-Atlantic

Key Practice and Message for Recommendation 5:

Providers should not make assumptions about Latina women's contraceptive knowledge. Instead, providers need to ensure their Latina patients have the most accurate and complete contraceptive information available.

In Practice: Contraceptive information that is considered relevant may differ by patient experience. To determine what kinds of information would benefit a Latina patient most, counselors may ask her what she already knows and which topics she would like to learn more about.[56]

"I'm always hesitant to put down [an emergency contact]. Especially my mother's name…. It's too much risk to entrust [clinics] with that information…. 'Cause I don't feel comfortable with my parents knowing that [I receive reproductive health services]."
-Latina Woman, Mid-Atlantic

Recommendation 6: Ensure that privacy and confidentiality are a high priority and that privacy and confidentiality policies are clearly explained to Latina clients.

Privacy and confidentiality protections matter, especially in sensitive arenas such as sexual and reproductive health care.[48] Effective policies and communication of those policies play important roles in women's willingness to disclose health information, seek health services, and return for follow-up care.[48]

Findings from our focus groups suggest that young adult Latina women have several reasons to be concerned about their privacy and the confidentiality of their personal information. Some immigrant women fear disclosing their documentation status and being deported. Regardless of immigration status, most of the young adult Latina women we spoke with feared that family members would learn they were receiving sexual and reproductive health care services (e.g., if test results or reminder-visit postcards were mailed home, or an insurance charge was shared with family members). Unmarried women were especially concerned that their own parents and other family members would judge them negatively, since receiving reproductive health care services suggests premarital sexual activity, a taboo in Latino culture.[27]

For these reasons, young adult Latina women in our focus groups described hiding visits to providers by driving far away to receive sexual and reproductive health care services. The women also reported being reluctant to share information with providers for fear that this information would be discussed in front of others at the clinic, who, in turn, might judge them. Young adult Latinas no longer living at home may still not want parents to find out about their seeking sexual and reproductive health care services. One provider shared the story of a client who was away at college, but would leave her birth control pills in her dorm room when she returned home for a visit.

Our findings underscore how important it is for Latina women, in particular young adult women, seeking sexual and reproductive health care to know their privacy will be respected and the confidentiality of their personal information will be protected. Due to the sensitive and taboo nature of sexual and reproductive health care services, it is important providers reiterate that clients' information will not be disclosed to individuals outside of the care facility, in accordance with the law and clinic policies.

Suggested Resources

Health Insurance Portability and Accountability Act (HIPPA) Summary Fact Sheet

(U.S. Department of Health and Human Services). This resource summarizes how providers can protect clients' health information, as well as the requirements for written privacy procedures.

http://www.ast.org/pdf/Standards_of_Practice/HIPPA_Summary_Fact_Sheet.pdf

HIPPA: Frequently Asked Questions

(U.S. Department of Health and Human Services). This online database allows users to search for information about HIPPA using key words and categories (e.g., parental rights, e-mail procedures, etc.).

http://www.hhs.gov/ocr/privacy/hipaa/faq/index.html

Health Care Patient Satisfaction Survey

(U.S. Health Resources and Services Administration). This survey offers health centers a model for how to gather patient feedback. The survey contains an item that can be used by organizations to access patients' perceptions of how effective the center is at preserving confidentiality.

http://www.bphc.hrsa.gov/policiesregulations/performancemeasures/patientsurvey/surveyform.html

Key Practice and Message for Recommendation 6:

Latinas worry their private information may be shared, and they want to know how it will be protected. They notice and care about both formal and informal breaches of confidentiality.

In Practice: Providers should clearly explain the rules and practices in place to ensure confidentiality. [51] They can further promote confidentiality by ensuring the clinic setting enhances clients' privacy (e.g., by having TVs, recorded music, or other distracting elements in waiting areas that keep people from overhearing patient interviews).[49]

Recommendation 7: Conduct a community needs assessment to obtain an up-to-date portrait of the Latino population in the target service area.

Latino populations are diverse (by generation, primary language, and country of origin) and rapidly changing throughout the United States. Shifts in the population of Latinos are occurring at the national, state, and local levels, with some communities experiencing significant growth in this population in a short period of time.[20]

A community needs assessment can help providers obtain a clearer picture of the particular Latino community they serve. This type of assessment describes the people (e.g., the country of origin and acculturation levels of community members), and cultural, economic, and physical conditions that prevail there. The aim of this undertaking is to identify the needs of the community in order to provide services appropriate to those needs.[43]

Providers in the focus groups agreed that Latinos are a heterogeneous group and highlighted how important it is for providers to know the community they serve. For example, they pointed to the value of knowing the acculturation levels of people in their target community because more acculturated individuals may feel comfortable speaking in English, whereas less acculturated, or recent immigrants, may feel comfortable speaking in Spanish. Young adult women in the focus groups echoed the sentiment that providers need to know their target population. For instance, women stated that service providers need to adjust their services according to the age of the target population. That is, younger clients will be more likely to need STD testing and contraception, along with annual exams, whereas older clients will be more likely to need annual exams and mammograms.

These findings suggest that providers serving Latino populations need a full understanding of the makeup of the communities they serve. Providers can use up-to-date demographic characteristics to better understand community needs and to tailor programs to meet those needs. For example, a large influx of young women and families into a particular community may signal a need for sexual and reproductive health services, prenatal care, and pediatric services. Providers working with immigrant Latina women may also want to know where most of these clients come from, since the most common methods of birth control,[47] as well as specific terminology, may vary for different Latin American countries.

"So you can't just say I'm in a Latino community. Well, are you in the undocumented, recently immigrant community? Are you with the second and third generation...? I mean if you don't know that level, it can really make a big difference as to what your approach is going to be."
-Provider, West Coast

Suggested Resources

Six Steps to Conducting a Community Needs Assessment

(Find Youth Info). This Web site offers guidance for conducting a quality community needs assessment. The site describes steps that can be adapted and modified to fit the needs of a particular organization.

http://www.findyouthinfo.gov/collaboration-profiles/community-assessment

Family Planning Annual Report

(Office of Population Affairs). The Family Planning Annual Report (FPAR) is the only source of annual, uniform reporting by all Title X family planning services grantees. FPAR data are used to monitor compliance with statutory requirements and regulations and to review compliance with accountability and federal performance requirements.

http://www.hhs.gov/opa/title-x-family-planning/research-and-data/fp-annual-reports/

Hispanic Health Needs Assessment

(National Alliance for Hispanic Health). This instrument provides Latino communities with tools to identify critical health issues and priorities on their own through surveys with community residents and leaders.

http://www.hispanichealth.org/hhna/

Key Practice and Message for Recommendation 7:

Each Latino community is different. Understanding a particular community's characteristics can guide clinic policies so that services are delivered efficiently and effectively.

In Practice: Clinics and providers do not have to bear the burden of a needs assessment alone, especially because others would benefit from this information too. Finding partners and establishing guidelines can lead to more efficient collection of data.[5]

Recommendation 8: Use multiple strategies to get Latina women to visit sexual and reproductive health clinics and to retain them as patients.

Young Latina women who need sexual and reproductive health care services often do not receive them, even when they live in communities where these services are available.[35] Latina women across the country, regardless of their legal status, can receive these services at Title X-funded clinics,[42] yet fewer Latina women access these clinics than do white women.[17] Latina women may not know about the existence of clinics or they may face cultural or logistical barriers that hold them back. Thus, clinics may need to take extra steps to reach and retain Latina women.

The most basic level of outreach is ensuring the clinic's visibility to the general public. Young adult women in our focus groups often reported that they were not sure where clinics were located. Women tended to go to clinics that established their presence in the community through the media, mobile clinics, or participation in community events. Women especially liked visuals, such as TV ads, flyers, and fotonovelas (the small health-oriented pamphlets mentioned previously), not only as educational materials, but also as recruitment materials.

In general, heightening a clinic's visibility tends to be a good recruitment tool for women who are already interested in health-seeking behaviors and feel comfortable interacting with the health care system.[2]

Clinics in communities with older or less acculturated Latina women may find that cultural barriers make successful outreach more complex than just raising awareness. In other recommendations, personalismo and trust are cited as key components of Latino culture. Promotoras (community members who have received specialized training to provide basic health education in the community)[12] may be helpful in fostering these qualities within the clinic setting, which can increase Latina clients' comfort with seeking care and talking to providers.[30] Recruiting Latina clients in some cases may require a cultural broker, a culturally competent individual who links Latina women to a clinic. Both young adult women and providers in our focus groups believed that promotoras or other trusted community members could be effective liaisons, confirming findings documented in previous research.[30,34]

Providers in the focus groups also stressed the importance of word-of-mouth recruitment. Clinics can build loyalty among Latina clients by offering high-quality services that meet their needs, such as having Spanish-speaking staff, providing help with transportation, or offering child care. When Latina clients see a clinic with these services, they may be more likely to refer other Latina women.

Our findings indicate that because Latina women are so diverse, there is no single, effective recruitment strategy that would work for all potential Latina clients. As part of providers' needs assessments, they should determine which women they are already reaching, identify any groups with unmet needs, and tailor their recruitment efforts accordingly.

Key Practice and Message for Recommendation 8:

Being creative with outreach strategies helps clinics reach people who are most in need of services but are not getting them.

In Practice: Clinics that are well-advertised, but still not attracting Latina patients can boost their Latina clientele by finding trusted people in the community to serve as liaisons to local women.[30]

"I know that most of our clients come from word-of-mouth. You know, they bring their sisters. They meet someone at the bus stop."
-Provider, West Coast

Suggested Resources:

Building Our Understanding: Cultural Insights Communicating with Hispanics

(Centers for Disease Control and Prevention). This tool provides information about Latino media usage and offers guidance on effective messaging and selecting appropriate media outlets.

http://www.cdc.gov/healthycommunitiesprogram/tools/pdf/hispanic_latinos_insight.pdf

A Guide to Promotora Programs

(Planned Parenthood Federation of America). This guide describes the promotora model in the context of Planned Parenthood, discusses the advantages to this approach, and provides information about evaluation and an extensive list of resources for other promotora programs.

http://www.nmsu.edu/~bec/bien/consumer_pages/programs-promotoras-guide[1].pdf

Provider's Guide to Quality & Culture

(Management Sciences for Health). This Web-based module shows providers how to ensure their practices are culturally competent and attuned to patients' needs.

http://erc.msh.org/mainpage.cfm?file=1.0.htm&module=provider&language=English&ggroup=&mgroup

Recommendation 9: Establish collaborations with providers of other services to support Latina women's comprehensive needs.

Latina women may have needs that go beyond the services and support that sexual and reproductive health clinics can offer. This is particularly the case for low-income women and recent immigrants. Providers in our focus groups observed that Latina women often need medical and mental health care, domestic violence support, and other kinds of services. Establishing collaborations with other service providers will enable sexual and reproductive health clinics to connect women to other desired services and will improve service delivery among a Latino population with multiple and complex needs.[16,26,40]

Connecting Latina women to services will also help women attend to their sexual and reproductive health care needs. Providers in our focus groups reported that when a Latina woman has multiple competing needs, she prioritizes them—often placing her reproductive health care needs at the bottom. Providers found that if a woman feels she has to choose between meeting her family's basic needs (e.g., food or shelter) and obtaining reproductive health care, she will put her family's needs first.

Not surprisingly then, Latina women in our focus groups liked the idea of a comprehensive approach to service delivery, stating that this approach would help them juggle their health service needs as well as their everyday work and family demands.

For example, women explained that having to take time off from work and find child care could make it difficult for them to keep their clinic appointments. However, if a clinic had a pediatrician on site, women could make their OB-GYN appointment along with their child's appointment with the pediatrician.

These findings indicate that while sexual and reproductive health care providers are able to help Latina women with their reproductive health care needs, these providers may need to refer Latinas to other community services to help them address other critical needs. Clinics can form partnerships with organizations based on the findings of their community needs assessments, as discussed in Recommendation 7. In addition to establishing collaborations across organizations to link women to services, reproductive

"I'm (in) a health clinic, so for me, what I have challenges with are the other issues. If they have social service issues, housing issues, partner issues… then it's like, where do I send her when I do identify [a woman in need of other services]?"
-Provider, West Coast

health organizations can also form collaborations to provide free or low-cost services, train clinic providers to identify the various needs of Latina clients (such as identifying financial needs), and develop protocols on how to approach specific types of needs.

Suggested Resources

Mobilize, Assess, Plan, Implement and Track

(Healthy People 2020). These worksheets help health organizations forge partnerships across organizations.

http://healthypeople.gov/2020/implementing/HP2020_MAPIT.pdf

Developing Effective Coalitions: An Eight Step Guide

(Prevention Institute). This Web site outlines key steps for building effective coalitions with individuals, organizations, and government agencies to improve the well-being of target community members.

http://www.preventioninstitute.org/component/jlibrary/article/id-104/127.html

The Community Toolbox

(Work Group for Community Health and Development at the University of Kansas). This guide provides leaders with a range of tools to bring about change in their communities. Chapter 1, Section 7 describes how to implement community change through collaborative partnerships among a range of institutions and organizations—ranging from government agencies to private foundations; Chapter 25, Section 4 describes how to develop multi-sector collaborations.

http://ctb.ku.edu/en/default.aspx

Key Practice and Message for Recommendation 9:

A single clinic cannot provide all the services that a woman needs. Collaborating with other agencies allows clinics to focus on providing quality health care while simultaneously decreasing barriers to obtaining it.

In Practice: Clinics can start building partnerships by first listing all of the potential partners in an area. After making this list, clinics can then choose the most appropriate ones that fit their particular community's most common needs and begin reaching out to those groups. [55]

Summary

Discussion

In this report, we have presented a set of recommendations and suggested resources to help providers of sexual and reproductive health care better serve young Latina women, a population with disproportionately high rates of teen childbearing, unintended pregnancies, and sexually transmitted diseases. The nine major recommendations that make up the body of this report reflect the views of those with first-hand knowledge of the issues involved—young Latina women and providers serving this community—as well as findings from a large body of credible research.

Many providers are already engaged in sustained efforts to improve the delivery of sexual and reproductive health services to Latina women. However, such efforts may be implemented in a piecemeal way. Even though the recommendations in this report can be addressed separately, we suggest that addressing them jointly will result in the greatest improvements in the quality, access, and use of reproductive health care services for Latinas, along with notable benefits for providers, such as having more satisfied clients. To illustrate how individual recommendations interact with one another and work together to improve service delivery for young Latina women, we created a circle-within-a-circle graph (Figure 1). As depicted in the graph, our recommendations address client-provider interactions, provider-clinic policy and philosophy, and clinic-community interactions.
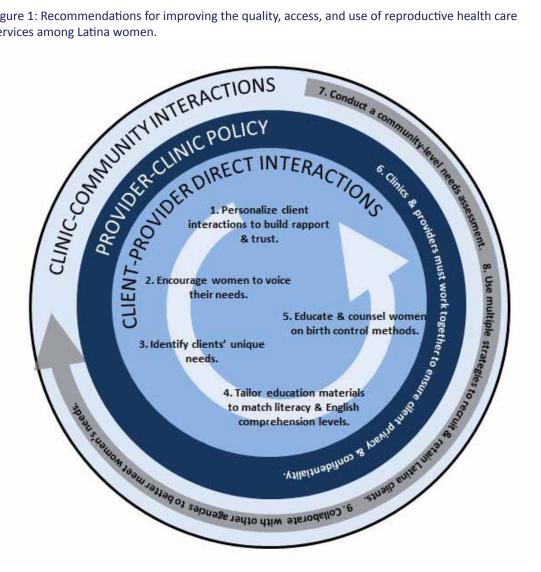
Recommendations in the innermost circle address practices for direct client services.

They focus on the individual interactions between providers and Latina clients.

- Because Latino social interactions are built on the foundation of personalismo—the idea that interactions should be personable and filled with caring and warmth—health clinicians may find that putting this idea into practice is the most effective way to build trust and rapport when working with Latinas, as discussed in Recommendation 1.

- Warm, caring relationships with health clinicians, in turn, can provide Latinas enough confidence to voice their concerns and ask questions, instead of holding back out of a sense of deference (or respeto) for the doctor, as discussed in Recommendation 2.

- As Latinas begin to feel more confident about speaking up and clinicians show their interest in women's lives outside of the clinic, health care providers can build stronger patient profiles of women's health, as discussed in Recommendation 3.

- Stronger patient profiles can enable clinics and providers to tailor written and visual reproductive health information to meet the needs of the individual women they serve, as discussed in Recommendation 4.

- These stronger patient profiles also can help providers assess Latina clients' knowledge about sexual and reproductive health, especially contraception, and counteract any misconceptions they may hold in this area, as discussed in Recommendation 5.

We depict a cascading feedback loop in the inner circle of Figure 1 to show how each of these five recommendations feeds into another to ultimately improve service delivery and provider-client interactions.

Figure 1: Recommendations for improving the quality, access, and use of reproductive health care services among Latina women.

CLINIC-COMMUNITY INTERACTIONS

PROVIDER-CLINIC POLICY

CLIENT-PROVIDER DIRECT INTERACTIONS

1. Personalize client interactions to build rapport & trust.

2. Encourage women to voice their needs.

3. Identify clients' unique needs.

5. Educate & counsel women on birth control methods.

4. Tailor education materials to match literacy & English comprehension levels.

6. Clinics & providers must work together to ensure client privacy & confidentiality.

7. Conduct a community-level needs assessment.

8. Use multiple strategies to recruit & retain Latina clients.

9. Collaborate with other agencies to better meet women's needs.

The recommendation in the middle circle in Figure 1—clinics and providers must work together to ensure patient privacy and confidentiality—pertains to a clinic-wide policy that it is important to let clients know about at the outset.

- This recommendation recognizes that personalismo and the trust built between providers and Latina clients may not always be enough to remove all of the young women's concerns about interacting with clinic providers. It is also vital for clinics to have policies and practices that respect Latinas' concerns about privacy, as discussed in Recommendation 6. Latinas' concerns often extend beyond the common worries that many women have about keeping information about their health private. Undocumented immigrant Latina women may fear that their use of clinic services could lead to being reported to immigration authorities and/or being denied care. Regardless of immigration status, many young adult Latinas worry about the social risks that they might face in seeking reproductive health care, such as being branded or ostracized if family or community members found out. To truly feel comfortable with accessing services, then, young Latinas need to feel that their interactions with doctors and the clinical environment protect them from negative social and legal consequences.

Recommendations at the outermost circle in Figure 1 address practices to promote clinics' outreach to the communities where they provide services. These clinic-community interactions can help clinics get to know the communities more intimately and better position them to deliver high-quality sexual reproductive health care to the young Latina women who live there.

The development of a community needs assessment is a natural starting point for most clinics in getting a better understanding of the community they serve, as discussed in Recommendation 7. Combining what clinicians observe in exam rooms with a description of the context provided in the community needs assessment can help physicians see trends in community health. Knowledge of these trends can then inform in-clinic practices to allow faster diagnosis and service link-up for clients.

- This kind of assessment can form the foundation for all community relations, including how clinics decide and act to recruit patients and what strategies they use to retain them, as discussed in Recommendation 8.

- A community needs assessment can also be helpful when it comes to establishing partnerships to link clients to other needed services, as discussed in Recommendation 9. Recruiting patients and forging partnerships with tangential service providers both help expand service delivery to young women by drawing them into clinics and by holistically supporting their needs, respectively.

Conclusion

Ultimately, the recommendations set forth in this report are intended to represent an ideal strategy for clinics that work in communities with a substantial Latina population, in particular those working with young adult Latina women. However, we acknowledge that clinics face different constraints that can hinder the implementation of all these recommendations at once. The focus group data suggests that the best place for clinics to start, especially those with few resources, is to create strong personalized provider-client interactions (Recommendation 1). Indeed, the importance of personalismo to the Latino culture is so overwhelming that without it, it is very difficult to make other improvements.

On a closing note, we recognize that many of the recommendations presented in this report are applicable to groups other than Latinos. Yet given Latinos' unique characteristics, circumstances, and experiences, we believe these recommendations are particularly relevant to Latina women, especially young adult women, and some are especially relevant to immigrant and low-income Latinas. We also acknowledge that many providers, such as clinics receiving federal Title X family planning funding, serve low-income women regardless of documentation status, and that many providers are already implementing some, or many, of the practices described here.

For those clinics that have already begun improving their practices, this report can serve as a checklist and an assessment tool to build upon their work according to their resources and current practices. Other providers, however, may be struggling to apply these practices consistently, or may not be able to implement them because of financial constraints. Still other providers may be applying these practices informally. It is our hope that this report will provide easy, concrete ways of putting these research-based recommendations into practice in a variety of provider settings.

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About the Study

This report draws on findings from focus groups with young adult Latina women and with providers who work with Latina populations. We conducted the focus groups in the fall and winter of 2009-2010 in three mid- to large-size cities in three different

regions of the United States (in the Mid Atlantic, West Coast and Southwest) with high concentrations of Latinos. Although the study sample is small, when compared with samples used typically in quantitative studies, it is appropriate for qualitative research and for the techniques used.[32] We obtained Institutional Review Board (IRB) approval for all study procedures and materials; and we made sure that the focus groups were conducted by experienced bilingual moderators.

We conducted 11 focus groups with 95 young adult women and three focus groups with 24 service providers. Participants in the women's focus groups were young Latina women between the ages of 18 and 24 who were either married or single and were not planning a pregnancy within the following year. Approximately one-half of focus group participants were foreign-born and slightly more than one-quarter spoke Spanish only. More than one-half of the women were never married, and roughly one-third had a high school diploma or less. Women in the sample were largely low-income, with 75.5 percent reporting a family income of less than $35,000. Participants in the provider focus groups were recruited through clinics and community programs serving large Latino communities, and no program had more than one staff member in a group. Service providers included direct service providers (e.g., nurses or doctors), case workers, directors, front-office staff members, community liaisons, and advocates. Group discussions focused on several topics, including recommendations for increasing and improving service utilization among Latina women; Latina women's knowledge and learning about reproductive health and family planning; access and awareness of community reproductive health care services; and key barriers to accessing and using reproductive health services. This report focuses primarily on the first topic.

Whereas past research informed our development of protocol for the focus groups, we took an inductive approach to all data analyses,[8] which allowed a conceptual framework and our recommendations to emerge from the data. We coded and analyzed the data using NVIVO 8, a qualitative software package.

We also examined relevant research literature, with priority given to recently published articles from the reproductive health, mental health, and health communication fields. This step enabled us to cross-examine our findings from the focus groups with the findings from the research literature to confirm the credibility and validity of the focus group results. In total, we reviewed 150 articles, tool kits, and strategy statements from the federal government, practice-based organizations, and peer-reviewed journals, the vast majority of which were published in 2005 or more recently. To organize this information, we placed articles in a template documenting the citation, source (government and other), target population, key findings, and any actionable recommendations. Our final recommendations were those given the most weight by both our focus group data and our review of the literature.

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