

# The Role of *Confianza* in Community-Engaged Work for Reproductive Justice

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U.S. Latinx<sup>1</sup> communities face increasing challenges in a political and social climate that threatens their reproductive and human rights. Recent reports have demonstrated numerous concerns for reproductive justice<sup>2</sup>: stress and preterm births have increased for pregnant Latinas since the 2016 presidential election (Gemmill et al. 2019), immigrants are avoiding reproductive healthcare for fear of deportation (North 2019), and pregnant immigrants in detention centers are experiencing miscarriages and inadequate care (Bixby 2019). These reports signal the importance of reproductive justice research that is driven by people most familiar with the complexities of health,

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- 1 Latinx is a gender nonbinary form of Latino or Latina. We use the term “Latinx communities” to also encompass Latin American immigrants living in the U.S.
  - 2 According to SisterSong Women of Color Reproductive Justice Collective, reproductive justice is “the human right to maintain personal bodily autonomy, have children, not have children, and parent the children we have in safe and sustainable communities” (“Reproductive”).

immigration, and family life in Latinx communities today. One group of people intimately familiar with these complexities are community-based health promoters, or *promotores de salud*. Across the Americas, the work of *promotores de salud* has attested to the importance of communicating about health in ways that reflect the values and language practices of communities. *Promotores de salud* also represent the importance of investing in the knowledge and expertise that exist within communities to improve their own health outcomes (Lechuga et al. 2015). In the U.S., *promotores* help connect immigrant communities with social services, and they make health information culturally relevant and linguistically accessible. Providing reproductive and sexual health education in culturally responsive ways is important for multilingual communities to fully engage in the pursuit of reproductive justice. Since immigrant justice is essential to reproductive justice (Gonzalez-Rojas and Glasford, n.d.), *promotores de salud* represent important stakeholders and agents of change who have the lived experiences and knowledge to address many of the reproductive health concerns facing immigrant communities today.

We (Rachel and Maria) have connected over our shared interests in reproductive justice and *promotores de salud*, although our paths to this work today have been very different. Rachel is an Associate Professor with the Public Rhetorics and Community Engagement program at the University of Wisconsin-Milwaukee. Maria is the Director of Latinx Programming and Initiatives at Planned Parenthood of Wisconsin (PPWI)<sup>3</sup>. We have known each other for three years, and in that time, we have built a relationship and research interests focused on amplifying the expertise of *promotores de salud* who work with PPWI. Our work together and the work of these *promotores* both aim to support Latinx communities in pursuing reproductive justice and health equity. An essential component to the *promotores*' work is their ability to create *confianza* with their own communities. As it has been addressed in scholarship on Latinx community literacy studies (Zentella 2005; Alvarez 2017), *confianza* is often translated as *trust* or *confidence*, but it signifies something deeper than its literal translation. In this article, we discuss *confianza*

<sup>3</sup> The findings and conclusions in this article are those of the authors and do not necessarily represent the views of Planned Parenthood Federation of America, Inc.

as an integral component to reproductive justice research, and as such, we encourage researchers to consider the role of *confianza* in their own work when pursuing community-engaged partnerships.

## PROMOTORES DE SALUD

Healthcare institutions often turn to *promotores de salud* to connect with communities that they have traditionally had difficulty reaching. *Promotores* are often lay people who have the skills and experiences to connect with Spanish-speaking communities in ways that predominantly white and English-speaking institutions are unable to. They also reflect a rich history of community-based education programs across Latin America. Planned Parenthood describes their *promotores* program as one that is:

modeled on Mexican and Central American adult peer education programs, which bring bilingual reproductive health education and information into Latinx homes and community-gathering locations. *Promotores* bring sexual and reproductive health information and resources into communities that need them, building trusted relationships and decreasing barriers to healthcare access. *Promotores* also provide critical linkages to health services, often helping community members navigate through the process of accessing health care and other needed services. (“Latinos” n.d.)

Relationships, trust, and navigating healthcare are important components to the work that *promotores* do with their communities.

One of the ways that the PPWI *promotores de salud* provide education is through Home Health Parties (HHPs), or *Fiestas Caseras*, “where a host invites several friends, family members, or neighbors to have an intimate discussion about sexuality topics” (“*Promotores*” n.d.). Based on the Avon cosmetics model, HHPs empower the *promotores* to be consultants who receive compensation for hosting and facilitating conversations about reproductive and sexual health. Sometimes the HHPs are hosted by other community members while the *promotores* lead the conversation. This model provides opportunities for the *promotores* and community hosts

to be compensated for their time and expertise while connecting with others through discussions about reproductive and sexual health. The promotores also use a curriculum at HHPs that centers reproductive justice, CCmÁS (Cuidándonos Creceremos más Sanos/ Growing Healthier Together). CCmÁS was developed in partnership with Latinx communities and the Medical College of Wisconsin. In the third module of CCmÁS, promotores talk about advocacy, self-advocacy, and reproductive justice. It is a curriculum Maria likes to say is “alive” because it is continuously modified to be responsive to the current needs and concerns of the community. The curriculum started out meeting the PPWI agenda, providing reproductive health information, but it quickly grew to center reproductive justice because that reflected what the community wanted. Once the community members had *confianza* in the health promoters, they felt empowered to ask for what they wanted and needed rather than just accepting someone else’s agenda. They began to speak up about what their agenda was. The ways educators and administrators respond to these needs and agendas reflects whether they truly have a commitment to community-driven education.

For readers to better understand the promotores program and *confianza*, we thought it would be helpful to have Maria share her story about how it all began.

*Maria:*

Seventeen years ago, I started working for the Community Education department at PPWI. At that time, we were not reaching the Latinx population, especially not the Spanish-speaking Latinx communities. I translated the English modules we were using into Spanish, and they focused on reproductive health such as birth control methods, sexually transmitted infections, and breast and cervical cancer. With the translated modules, I tried to market these sessions to local high schools but found there were too many gatekeepers telling me that parents did not want Planned Parenthood to talk to their children about sex. I decided to eliminate the gatekeepers and go directly to the parents. I knew many parents in the local community, as I had previously been working in our health centers for nineteen years in various roles, and many moms accessed our health care services. I reached out to them and asked if they would be interested in having

me come to their house and talk to their family about birth control methods, and they said yes.

Our first gathering included: a grandmother who was likely over sixty-five years old, two moms about twenty-five to twenty-eight years old, a couple teenagers, and a few children. No one really talked except for me, but they invited me back. At the second session, I brought samples of birth control methods, and while showing the methods, they noticed a tampon in the kit. All of a sudden, the whole session shifted from me talking to the participants about birth control methods to the participants talking and asking all sorts of questions about tampons. Adults and youth alike were so inquisitive of something I considered so normal. This was the interaction I was looking for: participation, honesty, interest, and fun. We started calling the sessions “Home Health Parties” because they were as fun as a party with food and laughter while we were all learning from one another. This opened my eyes to the importance of not just sharing information that we, as the agency, want to give but also providing the information our participants want since they are the experts of their own lives.

After a year of facilitating these sessions on my own and reaching approximately 800 Spanish-speaking individuals, I could see there was room for growth. I noticed a few participants were coming to repeat sessions, and I approached them to see if they had any interest in doing this type of work. Three said yes right away, and I had to coach two of them because they felt they would not be able to do the job since they only had a third-grade education. I assured them we are all capable of learning at any time in our lives, and I would train them to do the work by following lesson plans; plus, they could earn money for doing the work. The individuals I approached were interested, but their husbands were very distrusting of the work. All they knew about PPWI was we did abortions, and they told the interested individuals they were crazy to get involved with us. How could someone possibly pay them to do work considered to be work for nurses or doctors? The interested individuals were intrigued because they were hungry to learn and very much liked the idea of earning money, which was something they had not done before. Prior to working with us, they had only volunteered at their kids’ school

and tended to the household needs without any pay or recognition. All of the five people I approached decided to participate, and we started the training by focusing on following the translated modules and the role of the health promoter. For us, (PPWI), to be a health promoter means being an expert in creating trust and knowing reputable community resources to connect people to, and NOT to be doctors, nurses, or lawyers. Health promoters have an important role in the pursuit of reproductive justice that is unique from that of other professionals.

Nurses, doctors, lawyers, and other professionals often make you feel like they care, but they care only about the part of you that impacts their contractual work. They often do not want to hear your story, nor do they have time to sit and just talk to you. The days when professionals really took the time to know you and your family are long gone. This is now the space that health promoters occupy. Much of the time health promoters spend with families is just listening to the challenges of life and showing the family the light at the end of the tunnel to instill hope. It is amazing how much information one can gather by simply listening with an empathetic ear. Professionals are also bound by rules, regulations, policies, and structural barriers that lead to them not wanting to hear that you are undocumented. If professionals do not want to hear someone is undocumented, how will they be able to treat them? Undocumented is not all that a person is, but being undocumented plays a huge role on how one is treated.

## **REPRODUCTIVE JUSTICE**

*Maria:*

Our program's focus on reproductive justice is about ensuring women have all they need to be safe, healthy, and strong and, thus, create safe, healthy, and strong families and communities. This means not only having access to reproductive health care but also to livable wages, housing, education, safety, and more. Explaining this concept of reproductive justice to the health promoters and our community took years to accomplish. At first, our health promoters could not understand the reproductive justice movement because they had always put others first, and they always came second, third, or fourth. The concept of needing to take care of themselves first was not

anything they had considered, but when told how important it is for them to be well so they can take care of others, it made sense to them.

The first promotoras were also encouraged to try this work because being financially independent was something they were interested in, as they had always been dependent on a man—first their fathers, then their husbands—to provide them with the basic needs of food, shelter, and housing. They talked about how degrading it was to always have to ask their husbands for money to buy their toiletries. Even though they were interested in this work, they were afraid of their husbands finding out about the reproductive justice movement because it is a movement that lifts up women. They were afraid their husbands would think they were trying to take over and be the bosses of the household. It took about two years for the health promoters to fully understand reproductive justice, but after they understood it, it was time to bring this concept to the community. At one of our yearly community gatherings, we introduced the reproductive justice movement. Sure enough, what the health promoters thought would happen, happened. The men who were present told us we were trying to brainwash women into thinking they were the family boss and that they would soon want to tell their husbands what to do. Since we had anticipated this would happen, we were prepared and explained how, throughout history, women have been second, third, or fourth to men. We explained that all we wanted was to walk through life side by side to men—NOT in front, but also not in back. The men who were present at that first gathering understood, and this gave the health promoters the liberation they needed to go off and speak on the importance of reproductive justice.

*Rachel:*

The ways that Maria has built the health promoter program required *confianza* with local communities. Part of my research study with this program aims to capture how dynamic *confianza* is for the health promoters and their communities. I also wanted to learn what reproductive justice means to them. In my four focus groups with the *promotores de salud*, I heard a variety of perspectives on reproductive justice. Many emphasized how reproductive justice represents equality for women and men, while others explicitly referred to access to healthcare services like abortion, birth control, and primary

care. I asked the promotores about what needs to be done to achieve reproductive justice in Wisconsin, and many discussed how far we have come despite how far it still seems we have to go given the current political administration and social environment. The diverse regions where the promotores live also highlighted the different barriers to access that their communities face. For example, the promotores in Platteville, a rural town in southwestern Wisconsin, face challenges with bringing people together for HHPs and gatherings because their community members live far from each other and often work multiple jobs that present conflicting schedules. Since many also do not drive or are afraid to, the promotores in Platteville explained that their local context impacted the implementation of their model for education. The distance that individuals need to travel for healthcare services was also much more than individuals living closer to Madison or Milwaukee. However, proximity and access to services did not always mean that people were experiencing high quality care. Promotores shared that their communities faced a variety of challenges with feeling comfortable and trusting in their healthcare interactions. *Confianza*, trust, and relationships were brought up again and again as important aspects of their work as promotores and what people felt were missing from their interactions with health professionals.

## **CONFIANZA**

*Rachel:*

When the promotores talked to me about *confianza*, I was struck by how many different ways they discussed its role in their work. In Maria's and my early conversations, I remember her saying that the promotores were experts in *creating* *confianza*. During the focus groups, individuals shared stories about distinct moments during the HHPs when they *entered into* *confianza* with others. They talked about *establishing* *confianza* with someone who was getting to know them. And, of course, many of them shared stories that demonstrated *having* *confianza* with people. It was much more dynamic than simply talking about whether someone trusts another person or not. It is not something that can be accomplished in one interaction, nor is it something that the promotores simply have with others because of how they look or talk. It is something that the promotores have developed an expertise with as they continuously work to build relationships and genuine connections with their communities.

Confianza comes with great responsibility and, at times, additional pressure to help people, such as when individuals call the promoters late at night or request help in a multitude of ways that are not reflected in the health promoter job description.

Confianza is also important for researchers to establish, enter into, and create with their community partners. Researchers need to recognize that confianza takes time and needs to extend beyond any specific project, grant, or interaction. It must be built up through consistent and genuine interactions that center relationships and mutually beneficial goals. Each researcher must commit to consistently reflecting on and aiming to improve their commitments to community, and they must consider how those commitments might complement or clash with their commitments to their profession, institution, or individual goals. Researchers won't always be able to enter into confianza with community partners, but they need to be genuine in trying to make connections with others and be open to where that might lead them.

*Maria:*

One may translate confianza into its literal English translation “trust,” but in Spanish, it goes further than just trust; it is about trust, confidence, loyalty, having someone’s back, humility, helping, being there no matter what, doing what is best for a person—it is all that and even more. Confianza is something you earn over time by all the good deeds you do, not only for one person but for a family and a community, and not to gain notoriety but to simply help. It does not have much to do with how nice you are; niceness is part of it but not the main piece. Respect for someone else’s humanity is much more involved in confianza than niceness. Respect is something in confianza that does not come from titles or degrees; it comes from “being part of” something with others.

If I were to explain what I mean about confianza using my life experiences, I would go back to my story of how I gained the trust of parents to have them invite me into their homes, facilitate home health parties, and have access to talking about a taboo subject like sexuality with entire families. I was able to do this because the community had already known me for nineteen years. Before I started

working for the Community Education department, I had already worked in Planned Parenthood health centers for nineteen years in various roles. I started as a receptionist, moved onto a medical assistant position, took a center manager job, and ended up being a regional director for four of our busiest health centers. In all those roles I worked in the health center and saw patients. Patients did not know my title, but they knew I worked there and tended to their needs every time they visited. Prior to working for PPWI, I was a cashier for four years at a well-known community grocery store, and I helped clients with whatever they needed in that environment. This time spent with others, the respect I brought to our interactions, and all the ways people saw me being there for them in a genuine and caring way are what gained me the trust I needed to implement Home Health Parties and our health promoter model.

Confianza is of absolute necessity in the reproductive justice movement because confianza is the very opposite of oppression. When you are trustworthy, people will tell you what is ailing them and what makes them happy and safe. When you want people to embark on a movement with you, you must be a trustworthy individual who not only says they are trustworthy but also has shown that trustworthiness. How does one show that you are trustworthy? For the undocumented, marginalized community I work with, it is about having similar or shared experiences and being willing to share your lessons learned, failures, and successes. It is about your willingness to share reputable resources that have helped you and an understanding of life circumstances like being undocumented in a country that says you are essential and uses you for their benefit, but still does not give you access to resources available to American citizens. For these very simple, yet complicated reasons, health promoters need to come from their own communities. This is essential for confianza and reproductive justice, which centers community concerns and experiences.

## **RELATIONSHIP BUILDING AS COMMUNITY PARTNERS**

To demonstrate some of the concepts we think are important for researchers interested in community-engaged research with reproductive justice, we thought we would share a bit about our own experiences with relationship building as/with community

partners. Ultimately, we believe that institutions, and the individuals representing them, should identify ways that they can be resources for their community partners and be sure that all stakeholders have equal respect and input when sitting “at the table” to make decisions about a research study.

*Maria:*

Finding funding to pay health promoters for the work they do is often difficult. Funding for health promoter programs has come from a diverse pool: grants, institutions, private donors, and more. I’ve been lucky to have people associated with these entities approach me because they hear from others about the work the health promoters are doing, and they come to me to learn more about our programming, training, and process. I have always been transparent with this work and have shared our lessons learned with anyone who is interested. Many of the people interested are researchers, and we start our relationship by learning about each other’s work and finding connections where we can partner. If we are all interested, we start the relationship process of getting to know each other and looking for opportunities for grants to create curricula, evaluate programs, or research hypotheses. Sometimes, the relationship is at a standstill, at other times it is super exciting; sometimes it is challenging, but there is always progress in trying and learning. Relationships cannot just be about the money and only for the duration of the grant or project. It must be for the long haul—for a lifetime, if possible. I am still connected and in touch with researchers and previous health promoters who have left Wisconsin and even moved outside the country. The more you stay connected with people, the more opportunity there is to diversify the pool of interest because they will connect you to others. Connection to the population at large will give you access to what people need and want, and connection with researchers gives you the clout and the ear of people “higher up” who have the money and the expertise to help but not take over.

One of the challenges we have had in working with health promoters, employees, and researchers is leveling the playing field so all parties are equal in how their input is valued and in how they are seen as equally important partners. When you live in a community you value, you value every person who lives in it and impacts it. A

community does not just need PhDs, doctors, lawyers, nurses, and teachers. Yes, these people and professions are important but so are the “workers”: the farmers, the janitors, the cooks, the housewives, the crossing guards. Laypeople are as important as those who our society considers “professionals,” and they should be treated with the same respect and value. I learned this as a child living in Mexico where my grandmother was the *partera*, or midwife, and my uncle was the medicine man who collected herbs for her. We need to value laypeople’s life experiences and their ability to survive under adverse living conditions so that we might be as resilient as they are.

*Rachel:*

This shared value that Maria and I have for recognizing laypeople’s experience and expertise is the foundation for my research. When I moved to Milwaukee in 2017, I knew that I wanted to make connections to pursue research that would be meaningful to communities and that would build on my previous work. For my dissertation research, I worked closely with health promoters in the Dominican Republic, and I was interested in studying further how health promoters help their own communities navigate healthcare systems. My first online search for “promotores de salud AND Wisconsin” led me to PPWI’s Education website and a meeting with Maria. I sent an email saying that I wanted to learn more about their program and went into that meeting with no research agenda other than making a connection. Maria and I had a great conversation and said we hoped to see each other around. Then, we reconnected about a year later at a workshop on cultural humility. After reconnecting, we agreed to meet again to talk more one-on-one. As I sat down in January 2019, Maria said what many researchers hope to hear outside the academy: “I’ve been thinking about you and your research lately.” She proceeded to share stories about multiple instances in which she thought about my research on language access while she was seeing firsthand the challenges that various Latinx community members faced with navigating both the legal and healthcare systems. We discussed major issues that Spanish-speaking immigrants in Wisconsin face with healthcare access and how we might design a qualitative research project to highlight the expertise of the promotores de salud for helping people navigate these issues.

When I think of how I have tried to build *confianza* with the *promotores* and Maria, it is something I see as “still-in-process,” and yet it consists of many little moments and decisions along our path thus far. When we discussed methods for the focus groups with my research study, Maria was curious about where I might conduct them, and we both agreed that the cities and towns where the *promotores* work would be best. Maria shared that the health promoters are often invited to focus groups in Madison, but that this prevents some of them from participating. I had already planned on doing that since it would help for me to visit where the various groups lived to start to understand their contexts a little better. Scheduling the focus groups led to a packed weekend road trip as I drove across southern Wisconsin with gatherings in Madison on Friday night, Platteville on Saturday morning, Lake Geneva on Sunday, and Milwaukee on Monday evening. We met at locations that worked best for the *promotores* in each region: community spaces in or next to the public libraries, a *promotora*’s home, and a group meeting space at a PPWI office. I used research funds to compensate them with gift cards for their time, and I set up my Institutional Review Board documents so that these gift cards could be shared without collecting confidential information that might be required by my state university funds. This was important to set up from the start since I did not want to make anyone uncomfortable with sharing personal information that may have revealed or risked their residential or citizenship status.

I was aware of the fact that the *promotores* have participated in lots of research studies, whether conducted by researchers at the major universities in Madison and Milwaukee or through various grant programs with healthcare institutions across the state. I was nervous about coming off as “just another researcher” asking for their valuable perspectives. When starting the focus groups and explaining the study, the *promotores* asked excellent questions about how the information would be used, what my goals were with all this, and whether I planned to follow up with them about the study since they often do not hear what happens with the studies that they participate in. I shared that I hoped we could work together to figure out future steps and that I definitely planned to share things along the way with the study. While *confianza* may have been present during the focus groups while they cultivated safe spaces to discuss the details of their work, I know it will take many future steps and

genuine interactions outside of research settings for me to really enter into *confianza* with the *promotores*. With the support of a Mellon/ACLS Scholars and Society fellowship, I will be spending the 2020-2021 academic year working full-time on this research and program evaluation with Maria and the *promotores*. That fellowship also provides funding that will support the PPWI Latinx programs and community participation in future research activities with my project.

## **RECOMMENDATIONS**

*Confianza* has been integral to our relationship and to the daily work of *promotores de salud*. We also believe that *confianza* has long been part of the reproductive justice movement through the tireless work and advocacy of many Latina/o/x activists and organizations, such as the Latina Feminist Group (Zavella 2020, 80), the Latina Roundtable on Health and Reproductive Rights, and the National Latina Institute for Reproductive Health (Strickler and Simpson 2017, 50-55). We encourage researchers interested in reproductive justice to center, support, and sustain the expertise and priorities of Latinx communities and *promotores de salud* who work with reproductive healthcare. Identifying ways to prioritize *confianza* in reproductive justice research will enhance the work that gets done and the progress toward a more just society for all to parent, not parent, and live in healthy and safe communities. With this in mind, we recommend that researchers invested in reproductive justice:

- center community and collaborator needs and voices throughout the design, implementation, and publication process;
- invest in financial support for community time and expertise, but also be aware of the risks that may come with sharing identifying information with institutions;
- explicitly discuss options for publication and authorship when community partners help set up and advance research; and
- empower patients and communities to advocate for themselves. Then, be receptive and open to change when that advocacy may critique you or your institution's actions.

These actions have been taken up by multiple researchers in rhetoric and technical communication (Gonzales 2018; Walton, Moore, and Jones 2019; Rose et al. 2017), and we hope to continue seeing more community-focused rhetorical research that builds coalitions across sectors to advance reproductive justice.

Any community-engaged research for reproductive justice must begin with the recognition that the communities most impacted by injustice have long been advocating for their own rights to improve reproductive health and social conditions. Researchers must look to these people as experts and consider how each step of the research process will define their definition of, and commitments to, community. Additionally, community leaders can look to researchers and institutions to serve as resources and connections to further advance their work and publish in ways that promote accountability rather than individual agendas. Finally, individuals who work with institutions must consider how their institutions can serve as community resources and how they can leverage their own privileges to support community work around reproductive justice.

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**Maria Barker** is the Director of Latinx Programming and Initiatives for Planned Parenthood of Wisconsin, Inc. (PPWI). A bilingual (Spanish/English) community educator of Mexican origin who is keenly aware of the need to provide education to the underserved in the community ~90% of Maria's programs are facilitated in Spanish to meet the needs of the communities she serves throughout Wisconsin. She is well recognized for training and using lay community workers known as "Promotores de Salud" to reach the Latino community. Maria is a graduate of the Latino Nonprofit Leadership Program through the University of Wisconsin-Milwaukee and Cardinal Stritch University. She is a certified Sexuality Educator by Planned Parenthood of Western Washington and Centralia College.