



Women's Choices:

*Grassroots Women Leaders
Enrich Their Communities Through
Quality Health Care Projects*

A three year project of
Women's Health Leadership,
Center for Collaborative Planning

SUMMARY

Women's Choices trained grassroots women leaders across California on the issues of quality in health care. These leaders developed and implemented innovative, culturally appropriate quality projects in their communities (many of which could be replicated in other areas of the State) and are now resources to their communities, health care consumer groups, policy makers and funders.

INTRODUCTION

Women's Health Leadership's Women's Choices project, funded by the California HealthCare Foundation, trained grassroots women leaders in quality health care issues preparing them to join an emerging consumer movement raising awareness and concern about the quality of health care in California.

The California HealthCare Foundation is an independent philanthropy committed to improving California's health care delivery and financing systems. The goal of CHCF is to ensure all Californians have access to affordable, quality health care. In 2001, CHCF funded "Allies for Quality: Patient and Consumer Groups Improving Health Care", a three-year grant program designed to support and encourage consumer and patient groups' involvement in health care quality issues. Women's Health Leadership's Women's Choices was one of eight Allies for Quality grantees.

Women's Health Leadership (WHL) is a program of the Center for Collaborative Planning, Public Health Institute. WHL's mission is to promote health and social justice by supporting grassroots women leaders. Since 1994, WHL has addressed health and other disparities, particularly for communities of color, by enhancing and nurturing the talents of emerging community leaders through a leadership development program, which includes technical support, peer learning and mentoring in a supportive, cross-cultural environment. There are 318 WHL Alumni to-date, representing 45 of California's 58 counties and 22 specific ethnic cultures. The success of WHL has translated into numerous documented outcomes of increased and appro-

priate health services for low-income women and their underrepresented communities throughout California. The WHL Alumni are trained grassroots leaders who can provide expertise to influence policy decisions, provide technical support and resources to local communities and foster new partnerships across California.

BACKGROUND

Women have a large stake in how health care services are provided. They utilize health care more often than men, particularly for reproductive needs, and are often the gatekeepers of health care for their families. Most cultures honor women as the key to good health and well being for their communities and as the catalyst for social change. Their participation in society can assure health and security for themselves, their children and families, and their communities. Their role as health care consumer advocates is, therefore, imperative.

In 2001 Women's Health Leadership conducted an online survey of their Alumni. Access to care, such as lack of health insurance or lack of "free" health care, and all elements along the access spectrum, are important issues for women; 88% of WHL Alumni surveyed stated that inadequate access to care was a "big" or "huge" problem for their communities. But, even when women know of services that are available, they may be unable to access

them. For example, 72% of WHL Alumni surveyed stated that structural barriers to care, such as lack of transportation or child-care, were a "big" or "huge" problem and 66% stated that women in their communities do not receive important preventive care, diagnostic tests or necessary treatments.

To address these concerns about health care quality, Women's Health

Leadership founded Women's Choices. This project brings women's health leaders together from all parts of the State—from the unpaved mountain roads of Humboldt County to the ethnically diverse communities of Southern California—to address quality of care issues in the primarily low-income, minority communities in which they live.

DEFINITION OF HEALTH CARE QUALITY

The Right Thing
(Pap test, prenatal care, surgery, etc.)

At the Right Time
(not delayed or when not needed)

In the Right Way
(by a culturally sensitive skilled health provider)

With the Right Results
(health achieved, illness prevented or cured)

IMPROVING QUALITY: Women's Choices

Women's Choices was a health care quality training program utilizing women leaders who have worked successfully with grassroots communities. The primary goal of Women's Choices was to train Alumni of WHL to become advocates in demanding improved health care quality and utilizing quality indicators to assess health care services. As Women's Choices Training Associates (TAs) they:

- * Participated in a Quality Health Care Training
- * Conducted culturally appropriate projects in their communities to increase awareness regarding health care quality
- * Developed quality health care policy recommendations for more culturally appropriate indicators based on their own experience and expertise living in and working with diverse communities.

Each of the Training Associates chose, created, and conducted a health care quality project with and for their local community. This allowed the projects to reflect and address the specific needs of grassroots communities throughout the state. The following summarizes the community and project each TA undertook.

TABLE 1. DESCRIPTION OF ALL PROJECTS

Below are summaries of the Training Associates' projects. The projects addressed at least one to all of the quality indicators: underuse, misuse/medical error, culturally inappropriate care, insensitive treatment, inadequate access, and structural barriers to care.

PROJECT NAME	TRAINING ASSOCIATE	COMMUNITY/AUDIENCE	DESCRIPTION OF PROJECT
American Diabetes Certification Project	Guadalupe Bravo, Natividad Medical Center, Salinas 831/755-4178; lbravorn@aol.com	Latinos in Salinas area; diabetic patients of the Natividad Community Health Center	Has worked on the American Diabetes Association certification process for the health center to ensure provision of health education using established protocols and instituting systems to monitor quality.
Quality Health Care Trainings	Claudia Epperson, Robertson Road Healthy Start/Modesto Partnership for Public Health, Modesto 209/576-4490; epperson.c@monet.k12.ca.us	Members of the Modesto Partnership for Public Health group and a monolingual Spanish-speaking community group	Provided two quality health care trainings; one in Spanish. Also distributed information regarding quality health care issues to more than 800 community people attending a Health Fair.
Patient Satisfaction Survey Project	Connie Massie, Corning Medical Associates, Corning 530/824-4663, ext. 208; cmassie@snowcrest.net	Patients of a community-based rural clinic in Corning	Developed and implemented a patient satisfaction survey for patients of Corning Medical Associates. Generated feedback from patients and increased patient knowledge about consumer rights, how quality is measured, and available services.
Support Groups for Southeast Asian Population	Madhuri Mistry, Asians for Miracle Marrow Matches/ Little Toyko Service Center, Los Angeles 213/473-1669; mmistry@fc.ltsc.org	Southeast Asian immigrants (and their family members) in Los Angeles recently diagnosed with cancer	Conducted support groups for Southeast Asian immigrants (and family members) diagnosed with cancer. Guest speakers included: insurance agents, hospital staff, oncologists to increase knowledge and awareness of rights, options, and how to access the system effectively.
Consultation Planning and Recording	Sara O'Donnell, Mendocino Cancer Resource Center, Mendocino 707/937-3833; sara@crcmendo-cino.org	Rural patients of community clinics in Mendocino County recently diagnosed with cancer	Trained lay volunteers in decisional support using the Consultation Planning and Recording Process to increase patient involvement in the development of the plan for her/his treatment for cancer.

PROJECT NAME	TRAINING ASSOCIATE	COMMUNITY/AUDIENCE	DESCRIPTION OF PROJECT
Quality Health Care Trainings: "Building Nurses with Greater Compassion."	Wenonah Valentine, Pasadena Birthing Project, Pasadena 626/795-1383; wenonahvalentine@earthlink.net	Perinatal High-Risk Maternity and Labor & Delivery clinical nurses with OB Services at Huntington Hospital in Pasadena	Trained 30 clinical nurses and administrative staff over three sessions. Quality health care issues focused on cultural competency in nursing care to increase patient satisfaction for African American women at risk of premature babies, low birth weight babies or infant deaths.
Power Surge, Turning Hot Flashes Into Action	Eleanor Brown, MA, Life Long: Sisters Staying Healthy, Los Angeles 310/859-5890; mile9@uclalumni.net	Mid-life African American women in Los Angeles	Conducted training sessions to develop awareness of health care quality and personal empowerment issues related to African American women and aging.
Community Health Partnership Patient Advocacy Program	Lourie Campos, Community Health Partnership, Santa Clara County 408/289-9260; lourie@chpsc.org	Indian Health Center patients	Conducted trainings to educate and empower community health center patients to engage in advocacy activities, including legislative and media advocacy.
Domestic Violence Resources Handbook	Faith Cavalier-Martinez Garcia, CALM (Child Abuse Listening Mediation), Santa Barbara 805/965-2376; faithcav@yahoo.com	Native American women experiencing domestic violence and professionals who might encounter women in domestic violence situations	Developed a practical handbook for lay and professional people to increase access to educational and therapeutic materials on domestic violence.
Sutter Lakeside Community Services Consumer Quality Advisory Council	Rae Eby-Carl, Sutter Lakeside Community Services, Lakeport 707/262-1611; ebycarr@sutter-health.org	Stakeholders in a proposed community mental health clinic including consumers, family members, community members and providers	Created an Advisory Council for the development of community mental health services. This will ensure an on-going conduit for consumer communication and skill development to ensure services meet high quality standards.
Creative Community Outreach	Sharron Mackey, Blue Cross of California, Sacramento 916/325-4207; sharron.mackey@wellpoint.com	Blue Cross Medi-Cal members and African American families eligible for the Healthy Families Program in Sacramento County	Increased the participation rate of Medi-Cal members in preventive health education classes and the Healthy Families Program enrollment in the African American community.
Dream Catchers Native Women's Health Advisory Council Survey	Norma McAdams, Dream Catchers Native Women's Health Advisory Council, Hoopa 530/625-1662; normamcadams@pcweb.net	Native American women in Humboldt County	Surveyed, interviewed and conducted focus groups to determine baseline data regarding access to quality health care in the Native American community.
CHAMP-Net Web Site	Susanna Molnar, National Health Foundation, Los Angeles 213/538-0745; smolnar@nhfca.org	Providers who work with families to access health care services including community-based agency staff, health care providers, school-based staff, etc.	Conducted focus groups of consumers to enhance the CHAMP-Net program.
Support Group for HIV-positive Latinas	Diane Norrby, Natividad Medical Center, Salinas 831/796-1773; norrbydh@co.monterey.ca.us	HIV-positive Latinas (who may be monolingual Spanish-speaking)	Conducted support groups and trainings to increase HIV-positive women's knowledge of the standard of care they should be receiving as well as to educate providers regarding culturally appropriate approaches to identify and evaluate barriers to care.
Cambodian Community Handbook	Sara Pol-Lim, Diversity Consultant, Harbor City 310/386-0154; spol98@aol.com	Service providers working with the Cambodian community	Developed a handbook for health providers serving the Cambodian community. This handbook included historic and socio-economic issues, health beliefs and resources.
Sexual Health and Workers Health Information Cards	Elaine Waldman, Los Angeles County Health Department, Los Angeles 213/744-3084; ewaldman@dhs.co.la.ca.us	Homeless and low wage working women in Downtown Los Angeles at risk for sexually transmitted diseases and occupational injuries and illnesses	Developed and distributed information cards to homeless and low wage working women to increase their knowledge of and access to sexual and occupational health education, resources, screening and treatment services.

SUCCESSSES, LESSONS LEARNED, AND RECOMMENDATIONS FOR ENGAGING COMMUNITIES IN QUALITY HEALTH CARE

Women's Choices was an innovative and successful strategy for utilizing community-based knowledge and leadership to improve health care quality in geographically diverse communities throughout California.

- * Women's Choices was successful because it utilized graduates of Women's Health Leadership as Training Associates (TAs). By utilizing respected grassroots leaders with a proven track record of developing projects relevant to their diverse communities, Women's Choices was ensured successful projects on quality health care would be appropriately shared with a broader audience of consumers.
- * The range of strategies developed by the TAs reflected the intimate knowledge the women had of their own communities. The successful projects developed by the TAs included provider trainings and materials, needs assessments and patient satisfaction surveys, consumer advisory groups, and consumer trainings and educational materials. Women's Choices believes that "cookie cutter" strategies (i.e., developing one method such as a Train the Trainer model and replicating it in several communities) may not be as effective as utilizing community leaders to develop individualized strategies.
- * Providing mini-grants (relatively small amounts of funding of up to \$1000) to TAs increased the potential of success and completion of the projects (which the TAs volunteered to develop and implement). The funding allowed TAs the ability to provide food, incentives or materials to participants of their projects or cover printing or development costs. In a few instances, the TAs were able to leverage the mini-grants to receive additional resources. Not only did this bring in more funds to support their projects but it also engaged new partners in the work of quality health care.

STEPS TO IMPROVE QUALITY HEALTH CARE IN CALIFORNIA

The TAs identified four priority areas that would greatly improve the health care quality of all Californians, especially low-income, marginalized women: Cultural Competency in Health Care, Access to Health Care for All, Grassroots Community Leadership Development, and Development of Strategies for Local Organizing. The TAs worked on these issues during the program, developed policy recommendations, and continue to educate health providers, policy makers, and funders about their importance in any efforts to improve health care quality.

I. Cultural Competency in Health Care

California has one of the most racially diverse populations in the country. The need for the health care system, and health care providers, to be culturally competent cannot be overstated. Essential to the ability to provide culturally competent care is the tracking of data by race on health care usage, disease, and other factors. During the project period, Californians were considering Proposition 54, which, if enacted, would have banned the gathering of racial data by the State, including in health care. This was identified as an important issue that could be used to educate communities about the importance of racial data to support cultural competency in health care. The TAs educated themselves about the Proposition and about the rules governing lobbying and advocacy for nonprofit organizations. TAs developed educational materials, including voter registration information, and organized the larger WHL Alumni Network to become active on these issues.

Policy Recommendations:

- A Policy makers and health providers should continue and increase the gathering of race-based data throughout California.
- B Policy makers and health providers should require culturally appropriate care training in health care professions' school curriculums.
- C Health professional associations should require mandatory on-going cultural awareness training for providers.

II. Access to Health Care for All

More than 43 million people lack health care insurance in the United States. Approximately 7.3 million Californians, including 1.85 million children, have no health insurance of any kind (Health Access, 2004). Health care access has not always been considered a health care quality issue; however, the lack of access to health care services delays treatment of conditions which eventually become more difficult and more costly to treat, while putting additional strain on an already stressed health care system. These factors directly impact the ability of the health care system to improve and maintain health care quality. Additionally, health care quality cannot be a sole focus of health care advocacy when so many have no access to care at all.

Policy Recommendations:

- A Policy makers should implement a truly universal health care system, which provides comprehensive health care services to all California residents.
- B Policy makers should expand access to care, especially eligibility to the array of publicly subsidized health

insurance programs.

- C** Policy makers should ensure that all health programs, including prevention services, are provided to all Californians regardless of income, race, pre-existing condition, geographic location, language, and citizenship status.

III. Grassroots Community Leadership

Development

Health care quality advocacy requires the awareness and understanding of all the stakeholders involved in the health care system. The improvement of health care quality in California requires the development and sustainability of leadership in the grassroots communities. An example of the type of program that supports grassroots leadership development is Women's Health Leadership (WHL). It was the TAs' year in WHL that enabled them to be better "primed" to jump in, learn about health care quality issues, develop, and lead community projects on these issues.

Policy Recommendations:

- A** Funders should provide financial and other support to grassroots leadership development programs so that consumer advocates can be active players in the health care quality arena.
- B** Funders should provide ongoing financial support to alumni networks of grassroots leadership programs and increase opportunities for the alumni to continue working with their communities on emerging issues.
- C** Policy makers, funders, and health care industry leaders should bring together the various health care stakeholders involved in health care quality, especially community members and advocates, to discuss and prioritize health care quality issues.
- D** Policy makers and health care industry leaders should ensure that consumers and consumer advocates have "seats at the table" throughout the health care system, including any efforts to improve health care quality by public or private entities.

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Connie Chan Robison, Women's Health Leadership,
Executive Director

Diane Littlefield, formerly with Women's Health Leadership

Belma González, Women's Health Leadership,
Program Coordinator

Marj Plumb, MNA, Marj Plumb and Associates, Consultant, 35 Truman Drive, Novato, CA 94947; 415-209-0042; marjplumb@aol.com

Merry Wood, Program Officer, California HealthCare Foundation,
476 Ninth Street, Oakland, CA 94607; 510/238-1040 www.chcf.org

Ann Monroe, formerly with the California HealthCare Foundation

Sarah Samuels and Nancy Adess, Samuels and Associates,
663 13th Street, Oakland, CA 94612; 510/271-6799; www.samuelsandassociates.com

The Women's Choices Training Associates as named in the report
Women's Health Leadership Alumni



Women's Choices Project Team:

Gail Nickerson, Rosenberg and Associates

Kim Smith, Monterey County Health Department

Wenonah Valentine, Pasadena Birthing Project

Gayle Zepeda, Northern Circle Indian Housing Authority

FOR MORE INFORMATION PLEASE CONTACT:

Women's Health Leadership/Center for Collaborative Planning
1401-21st Street Sacramento CA 95814
916/498-6960
fax: 916/443-7767
info@connectccp.org
www.connectccp.org

Connie Chan Robison, Executive Director
Belma González, Program Coordinator