Mobilizing Women for Minority Health and Social Justice in California

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Women's Health Leadership is building the leadership capacity of diverse community leaders in California committed to promoting health and social justice in their communities. This program provides opportunities for cross-cultural exchanges of ideas, resources, and expertise.

Graduates continue to receive technical support and to engage in peer learning via an alumnae network. The network is dedicated to advancing social justice issues and to addressing health disparities. It is also a way to mobilize trained grassroots leaders to provide expertise to influence policy decisions, to provide technical support and resources to local communities, and to foster new partnerships across the state.

DESPITE NOTABLE PROGRESS in the overall health of the nation, African Americans, Hispanics, American Indians, and Asians and Pacific Islanders continue to face disproportionate rates of illness and death. The *Healthy People 2010* objectives, which focus on eliminating health disparities in the nation, state: "Improving access to quality health care and the delivery of preventive treatment services will require working more closely with communities to identify culturally sensitive implementation strategies."[1] Women's Health Leadership (WHL) builds leadership in these communities because we believe they hold the answers to their challenges.

Nowhere is diversity more apparent than in California. The changing face of California's families and communities requires culturally appropriate and community-driven approaches to eliminating disparities in health. While women tend to be the health advocates for their families and make many decisions concerning their family's health and well-being at home, women, especially women of color, are underrepresented at the tables of governments and organizations.

WHL trains women leaders to use their natural capacities and strengths to achieve positive social change. WHL supports diverse women leaders (Table 1) who not only advocate on behalf of their families but who are identified as leaders by others in their communities, because we believe these women can provide viable solutions to the problems that result in health disparities.

A PARTICIPATORY APPROACH

The program's participatory asset-based approach to skill building promotes the development and implementation of innovative and appropriate solutions to community issues.[2] The goal of WHL is to organize and maintain a strong, ethnically and culturally diverse cadre of local grassroots leaders who advocate appropriate and relevant solutions to health disparities. WHL's year-long leadership school is one mechanism for this work. In addition, the active WHL Alumnae Network has committed to an initiative focused on health care quality issues and consumer issues.

WHL is also pursuing a technology-based strategy to expand technical support to new program managers of grassroots organizations and programs, to facilitate communication, and to be responsive to requests for alumna expertise. WHL has established an electronic discussion group, distributes a semimonthly on-line communications bulletin, offers training in using technology for communications and sustainability, and has launched a new Web site with tools to further expand this movement.

WHL's year-long leadership school is structured like a "university without walls." Community leaders participate in trainings and meetings (in person, via teleconference, and through the electronic discussion group), symposia, and workshops. Program staff provide tailored technical support in response to individual self-assessments and leadership development plans. Core development areas include women's health, program development,

TABLE 1—Women's Health Leadership Learning Community, by Ethnicity, 1995–2001

Ethnicity	No. (%)
African American/Black	89 (26)
Native American	18 (5)
White	88 (26)
Hispanic/Latina/Chicana/Mexican American	84 (25)
Asian/Pacific Islander[a]	44 (13)
East Indian	4 (1)
Egyptian	1 (<1)
Middle Eastern[b]	8 (2)
Multiethnic	2 (<1)

Note. N = 338 (313 graduates and 25 faculty advisors).
[a]Includes Cambodian, Chinese, Filipino, Hmong, Japanese-American, Korean-American, Lu-mien, Laotian (2 distinct tribes), Polynesian, Taiwanese, and Vietnamese.
[b]Includes Afghan and Iranian.

TABLE 2—Attrition in the Women's Health Leadership Year-Long Leadership School, 1995–2001

Year	No. Accepted	Resigned[a] No. (%)	No. Remaining
1995	53	5 (9.4)	48
1996	45	4 (8.8)	41
1997	48	4 (8.3)	44
1998	51	5 (9.8)	46
1999	53	4 (7.5)	49
2000	56	3 (5.4)	53
2001	33	1 (3.0)	32
Total	339	26 (7.6)	313

[a]Reasons given for resignation included moving out of state, change in career focus, family issues, and other commitments.

TABLE 3—Profile of Women's Health Leadership Alumnae Network

- 73% are women of color: 23% Black, 18% Latina, 14% Asian, 5% Native American, 4% Biracial, 1% Pacific Islander, 8% other ethnicity.
- 37% speak a primary language other than English.
- 54% target specific ethnic groups in their work: 20% Black, 16% Asian, 16% Latino, and 2% Native American.
- 24% work with uninsured or underserved populations; 15% work with rural communities; and 35% work with immigrants, monolingual communities, migrant workers, or refugees.
- 63% have met with an elected official.

Source. Listening to Emerging Women's Health Leaders in California: The Second Year.[3]

leadership development, and policy and advocacy. The attrition rate at the leadership school is low and has been decreasing each year (Table 2).

WHL highlights activities designed to reduce barriers, emphasize the asset-based over the need-based approach, inspire innovation, and encourage relationship building to form a foundation from which participants can address a variety of issues and create lasting solutions. Program participants are challenged to see themselves in the seats of the California State Assembly; to be the speaker, the letter writer, and "the one who makes a difference." Participatory exercises in relationship building create an environment in which diverse people can learn from one another. It is common for one woman's work with Cambodian women to inspire another to work with Latinas, or for work in the area of breast cancer to translate to another woman's work toward equitable pay.

Program costs for the year-long leadership school are $12 000 per participant. An additional $150 000 each year provides for the infrastructure to support the WHL Alumnae Network. Additional funding supports special projects, such as organizing to improve health care quality and bringing technology to grassroots leaders.

EVALUATION

The mission of Women's Health Leadership is to promote health and social justice by supporting grassroots leaders. A hallmark of the program's success is the WHL Alumnae Network, which currently consists of 313 women representing 45 of California's 58 counties and 22 ethnic and cultural groups (Table 3).

A report released by the California Alliance for Women's Health Leadership states that WHL alumnae are creating and directing new programs: 67% have founded a new program or organization and 66% serve as directors of the organization in which they work. WHL alumnae are interested and active in the policy arena: 79% of alumnae surveyed use their leadership skills in advocacy activities. Involvement in community leadership activities is high: 91% of alumnae reported having served on a nonprofit board of directors, grant review committee, parent–teacher organization, community group, school board, or special task force.[3]

WHL alumnae are cultivating collaboration and new partnerships with traditional and nontraditional partners. For example, 4 alumnae worked together to form Education and Careers in Health Opportunities (ECHO). Through the ECHO project, the county health department, local high schools, and a community clinic have joined forces to reduce teenaged pregnancy, increasing educational opportunities for the primarily Latina teenaged participants, and they hope to create diversity in the medical field. New partnerships such as these can provide increased, culturally appropriate health services for low-

Peer Leaders from the 2000 Class and their Faculty Adviser at the 2000 WHL Class Orientation, from left to right: May Ly, Lourie Campos, Buu Thai, Joan Hughes (in back), Naomi Nakano-Matsumoto (2000 Faculty Adviser), Lucia Vazquez, and Michelle Sweeney.

HIGHLIGHTS

- Significant resources and one-on-one time listening to and guiding individuals are required to engage grassroots communities, especially disenfranchised communities.
- Technical assistance is vital to helping disenfranchised groups learn program development, management, and fund-raising skills.
- Relationship building, which takes time, is essential for partners to be willing to share fears, differences, and limitations so that trust and common goals can develop.
- Capacity building, using collective strengths, should be a focus.

income women in underrepresented communities. Members of the WHL Alumnae Network also act as advocates for women in a wide range of health issues, including HIV testing, domestic violence legal reforms, immigrant rights, mental health, breast cancer, school and youth safety, and access to care.

NEXT STEPS

Through a strategic planning process, WHL alumnae have identified 5 key areas for expansion and support: continuing the year-long leadership school and expanding the WHL Alumnae Network; local program replication; national and international expansion; extending the program to girls and young women; and strengthening the policy component of WHL. These initiatives have the potential to make a difference in the lives of women, girls, and other underserved populations throughout California. WHL alumnae have replicated the leadership school in Spanish and for young women. Continuation and expansion of WHL will result in California's having additional trained, proactive, responsive, and culturally appropriate women's health leaders who have the resources to facilitate change on behalf of their communities and who offer support and assistance across ethnic, racial, cultural, and geographic barriers.[4]

During the past year, we have taken steps toward development of a fund-raising plan that will diversify our funding base. Organizations that replicate the WHL program should seek to leverage money and resources by building on the capacity and networks of partners.[5]

We will continue to engage multiple stakeholder groups, such as the alumnae community, in this effort. We will also seek support for a more extensive evaluation of WHL. ■

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My Leadership Journey: Lourie Campos, 2000 WHL Alumna

IN THE FALL OF 1999, I was encouraged to apply to the Women's Health Leadership program by my former boss. At that time, my job was a hodgepodge of responsibilities, although I was beginning to focus more and more on policy work. I felt that I lacked direction and the tools to make changes in my job. I didn't consider myself a "leader" even though my colleagues saw me as one. I wanted to be proactive in making positive changes in my job, so decided to apply to WHL. What I didn't expect was to learn as much about myself as I did about women's health issues.

In 1997, I was diagnosed with metastatic cancer. Years earlier, I saw my father lose his battle with colon cancer, which he courageously fought for 12 years, and in 1999 my brother was diagnosed with the same cancer. It has changed the way I think about my future. While work was important to me, I needed to set limits. While it may seem that participating in the WHL program would have added more stress to my life, it was just the opposite. Through WHL, I worked on an individual leadership development program that not only allowed me to be effective at my job by sharpening my skills and learning new ones, but [also included] activities that I wanted to concentrate on outside of work. I spent more time having fun, learning new things, and spending quality time with my family and friends. WHL encourages personal and professional growth as well as teaching women to be advocates for themselves and other women in their community.

My major accomplishment was the creation of the *Women's Health Advocacy Guidebook.* The guidebook is specific to Santa Clara County and is full of information on the gaps and barriers low-income, medically underserved women face in Santa Clara County. It is a tool to help women's health advocates understand the legislative process and how they can participate in the process. I distributed 40 guidebooks to women in my community and I have had such a positive response from them. The guidebook is something I wish I had when I began doing policy work.

WHL has opened my eyes to many things. I understand my role as a leader in women's health and I try to nurture other women who are amazingly talented and passionate but hesitant to voice their opinions. My executive director has commented on how I've changed. She has noticed that I am more confident and sure of myself and that I am not afraid to take risks even though I just might fail. I have received a significant raise and a promotion within the past year. I am much happier at work and absolutely love my job! My executive director is very happy with my work and I have more contacts now in women's health than I ever did. WHL's network of women's health advocates are knowledgeable in many areas of women's health, including domestic violence, cancer, education, nutrition, substance abuse, public policy, and girls' issues.

Prior to WHL, I had never publicly spoken about my experience with cancer. I did not fully understand or recognize the positive impact my story could have. I was always afraid that if I spoke about my cancer and my family's experience with cancer people would just feel sorry for me, and that is the last thing I wanted. But WHL has taught me to take risks and to find my voice. This past year, I have been a featured speaker in a "Living with Cancer" series in Santa Cruz; I submitted my cancer story to the *San Jose Mercury News* and it was printed with a picture of me and my dog on the front page; I was a panelist on assembly member Elaine Alquist's "Women's Health Forum"; and I was selected as 1 of 8 people to represent California and to provide testimony to the President's Cancer Panel. Many people, especially women, have shared their experiences with me, and I have felt so honored to listen to their stories.

But I would have to say that one of my proudest accomplishments is the violin. I began violin lessons last May. There is nothing as humbling as learning the violin, especially when the 7-year-old before me plays Bach's Minuet in D like an angel. Yes, I struggle, and no, it is not always perfect, but I spend quality time with myself—learning something new, being creative—and it makes me very happy. WHL helped me to become a better person, which in turn makes me a better and more effective advocate for women's health.

WHL was conceived and developed with the creative thinking of participants and a wide circle of people committed to women's health and community building. In our efforts to sustain and carry forward this important work, we will continue to draw on the vision and gifts of those who have contributed their time, talents, and skills to the program.

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