

Prime Ministry of Women's Health

By Glenda Fautleroy

HEALTH PLANS HAVE LONG REALIZED the need to tailor programs to the populations they serve and address the cultural differences in accessing the health care system. Today, there is a renewed urgency throughout all of health care to address the fact that racial and ethnic minorities receive lower quality health care than whites, and both individual plans and the community as a whole are addressing the problem with innovative programs. One traditional model that has proven successful involves outreach to minorities through health fairs in their communities done in association with trusted local institutions, and particularly churches, to bring health care and health information directly to those in need.

In upcoming issues, *Healthplan* will feature the spectrum of activity among health plans to confront racial disparities. In this issue, we look at a traditional model—working with churches—and how Philadelphia-based Keystone Mercy Health Plan has perfected the health workshop formula as it educates its community.



PHOTOS COURTESY OF KEYSTONE MERCY. PHOTOGRAPHER: LORENZO HOUGH.

ALTHOUGH MILDRED BROWN, 59, sat in the very rear of the packed chapel, she did not miss a word the speaker said. She'd come last year and the presentation had changed her life.

"This is my second time attending this session and the first time inspired me," said Brown. "I have type 2 diabetes and I learned how to change my diet and get more exercise. Now I don't eat red meat, I drink more water, and I go for walks, things I never did before. I hope all women can learn what I have."

Brown was sitting in Gwen Foster's "Eating to Prevent Disease" workshop, and was just one of about 3,500 African-American women who attended a free daylong health workshop sponsored by Keystone Mercy Health Plan and Eli Lilly Company in Philadelphia on October 4.

Keystone Mercy created the "Fourth Annual Health Ministry Program for Women" to increase awareness of African-American women's health issues and to encourage women to take appropriate action to improve themselves and their communities.

"African-American women suffer disproportionately from chronic diseases," said Maria Pajil Battle, senior vice president of public affairs and marketing for Keystone Mercy. "Keystone Mercy serves a low-income and low literacy African-American population that is less likely to receive the preventive health screenings and health information that are needed to make the lifestyle changes necessary to remain healthy. We wanted to address these dispari-

ties and offer a better solution."

Keystone Mercy is Pennsylvania's largest Medicaid managed care health plan and serves more than 258,000 members—65 percent of those are women.

Battle explained that the health workshop is focused on women because women tend to be the "information gatherers" in most households.

"Women tend to be more receptive and interested about health-related information, so they are the prime targets to educate about disease management and healthy living," continued Battle. "It is our hope that these women will take the information learned today during the Health Ministry back to their families and communities and spread the message about making change."

The theme of this year's Health Ministry Program, "Living Well...Mind, Body, and Spirit," captured a message repeated often during the day that one's total health is dependent on the three components of the mind, body, and spirit working together in harmony.

As women of all ages filled the sanctuary of Mt. Airy Church of God in Christ, the sheer numbers in attendance seemed to prove that African-American women are looking for ways to improve their health and well-being.

But, the first task of the day was for the Keystone Mercy Choir to begin the program. And what a beginning it was. The drums sounded and the men and women of the choir clapped and swayed



to gospel song. The music seemed to be medicinal as it awakened the energy in the sanctuary on the early Saturday morning. Smiles quickly appeared on the faces in the audience, most of whom by now were on their feet clapping in rhythm. It looked as though the women's "spirit" had gotten a healthy start.

Keynote speakers then addressed the women and implored them to take notice of their health and to change adverse behaviors. Keynoter Melody McCloud, MD, CEO and medical director of Atlanta Women's Health Care, told the audience that African-American women are the fastest growing segment of the population contracting HIV and more African-American women are dying of breast cancer than white women.

McCloud attributed these statistics to the fact that many African-American women do not seek regular preventive health care. This fact was supported by the 2002 Institute of Medicine (IOM) report, "Unequal Treatment: Confronting Racial and Ethnic Disparities in Healthcare," which indicated that minorities are less likely than whites to receive needed services, including clinically necessary procedures (see "IOM Highlights Disparities: Implications for Health Plans," July/August 2002).

"We need to apply a stronger discipline to improve our physical health," McCloud stressed to the audience. "Don't go into denial about an ache or pain. See a doctor and get treatment."

Keystone Mercy hoped the Health Ministry would inspire the women to do just what McCloud instructed. The health plan organized 26 interactive workshops that focused on a variety of topics, such as cardiac health, reducing cancer risks, managing stress, using herbs and natural healing techniques, preventing diabetes, weight management, spiritual aerobics, skin care, and how to search the Internet for health information. Along with the workshops, free health screenings were available for glaucoma, cholesterol, glucose, bone density, blood pressure, and hepatitis B.

Several rooms where the workshops took place quickly filled to

Each of the 70 participants in the Diabetes Program had shown positive results with reductions in their cholesterol levels, blood pressure, and glucose.



CONFRONTING DISPARITIES

THE AMERICAN ASSOCIATION OF HEALTH PLANS FOUNDATION (AAHP) will survey its member plans about the current status of their data collection on race and ethnicity—an effort made possible by a \$205,000 grant from the Robert Wood Johnson Foundation (RWJF). Data collection on the race and ethnicity of health plan members is a major step toward meeting the challenge of reducing well-documented disparities in care and outcomes of care for people of different racial and ethnic backgrounds in this country.

This survey builds on the work done for

the National Research Council (NRC) conducted earlier this year to evaluate if health plans were collecting information and how it was being used to improve health care for their members. The NRC work helped inform broader work conducted by NRC to evaluate collection of race and ethnicity data across the health care industry. This will be included in a forthcoming report from NRC.

Data on race and ethnicity is essential to designing specific interventions to improve care and reduce disparities for various populations. The AAHP survey will determine the

current status and barriers associated with health plan activities relevant to the collection of this data and will also identify plans interested in further collaboration with RWJF.

A health plan demonstrating leadership in data collection is Hartford, Conn.-based Aetna, Inc. This March the plan announced an initiative to begin gathering data on the racial background of its 13.7 million members to address disparities in health care. When the announcement was made, chairman and CEO of Aetna, John Rowe, MD, admittedly caused a few raised eyebrows in some who

capacity. One in particular was “Depression Is Not An Option,” where the women who listened intently overflowed into the hallway.

The session’s facilitator, Lucille E. Ijoy remarked later that the huge attendance at her session illustrates the need of African-American women to find ways to deal with the stresses in their lives. She said that many women understand they need to make a change, but oftentimes don’t know how.

“The motto I teach is that we are all ‘wise, wild, wonderful women,’” said Ijoy, executive director of the Motivation Institute of Philadelphia. “I make the point that a ‘wise, wild, wonderful woman’ will not accept depression as an option for her life and that women have to make a choice to make changes.”

A certified family therapist and a dynamic motivational speaker, Ijoy began her session with music and encouraged the women to use easy tools—music, dance, and laughter—to lift their spirits when they are feeling depressed. She says “no one can feel sad when they’re dancing.”

“My message to the women today was that if you are depressed, find out why,” continued Ijoy. “If it’s clinical, go to a doctor, take your medication, and also do holistic things at the same time. The most important step is to get help and not to try to do everything on your own.”

Partnering With a Purpose

To further address the challenge of getting health care information to the African-American community, Keystone Mercy developed partnerships with several health organizations to deliver the messages.

The halls of the church were lined with health and wellness exhibitors distributing free literature and answering questions, including the American Lung Association, the FOX Chase Cancer Center, Sickle Cell Association of America, and the Foot Comfort Center.

“These exhibitors demonstrate that our Health Ministry is a community-based program with all different area health organizations coming together in an effort to educate women,” said Rick Buck, vice president, corporate communications at Keystone Mercy.



Lucille E. Ijoy gives pointers on how to deal with stress during her “Depression Is Not An Option” session.

Vikki Lassiter, vice president of health education and program development for the Eastern Pennsylvania Chapter of the Arthritis Foundation, explained that her organization has realized the importance of the Health Ministry Program to the Philadelphia community since its inception.

“This is our fourth year partnering with Keystone Mercy and the Health Ministry Program as we help to bring arthritis infor-

thought the information may be misused by employers or health plans or that it was racist to gather such data.

“Some people have warned me that these are combustible issues, but I think it would be racist *not* to try to help members who encounter quality-of-care problems because of their race or ethnicity,” Rowe told *Healthplan*. “We’ve decided to stop studying this problem and start fixing it.” (See “Leading by Example,” May/June 2003).

Participation in Aetna’s initiative is voluntary for members and Aetna has pledged to use the data only to develop appropriate

educational, outreach, and clinical initiatives.

Further, in its efforts to confront racial disparities, RWJF also recently co-sponsored a briefing with the Alliance for Health Reform, a nonprofit group in Washington, D.C., which focused on improving minorities’ access to health services.

Speaker Reed V. Tuckson, MD, senior vice president of consumer health and medical care advancement for UnitedHealth Group, summed up the goal of collecting racial and ethnic data: “The key to being able to identify those people [who will need much more comprehensive and intense care] then is what

do you do once you identify? It is the ability then to coordinate care for them so that you are able to diminish the fragmentation that occurs for people of color or people who are poor.”

Risa Lavizzo-Mourey, MD, president and CEO of RWJF, said her organization’s focus on quality care is a way of reducing racial and ethnic disparities: “Quality is what we all want when we think about the health care system. ...Our focus in trying to think about this as a quality issue is not only to improve the care of minority patients but to raise the bar overall.” —GF



[from left] Brianna Bradley, Danielle Brown, Weshawna Neal, and Janera Collins learned tips on body image and etiquette in the workshops for teenage girls.

mation to women who suffer,” said Lassiter. “Arthritis is a chronic condition and the number one cause of disability, but our message today is that there is something patients can do to live well with arthritis. They don’t have to live with the pain.”

The Arthritis Foundation’s workshop, “More Life, Less Limits,” taught women the facts about the many types of arthritis and offered practical tips about coping with the chronic disease, especially balancing medication with regular exercise.

A Four-Week Sacrifice Yields Life-Changing Results

Along with arthritis, diabetes is another chronic disease that strikes the African-American community in epidemic proportions. A study published in the January 1, 2003 issue of the *Journal of the American Medical Association*, in fact, found that African Americans had a 31.1 percent higher prevalence rate of obesity and a 11.2 percent higher prevalence for diagnosed diabetes than did members of any other racial and ethnic groups.

Gwen Foster knows of this statistic first hand. She was appointed Philadelphia’s Health and Fitness Czar to lead the city’s first-ever citywide health revolution, shortly after *Men’s Fitness* magazine named Philadelphia the “fattest city” in 2000.

Foster led the Keystone Mercy Health Ministry Four-Week Diabetes Program and shared the group’s outcomes during her workshop.

“We had 70 participants for this pilot program who suffered from type 2 diabetes and who had a cluster of abnormalities, such as central obesity [around the waist], blood pressure of more than 135 over 80, or high cholesterol,” Foster explained.

According to Foster, in just under four weeks, each of the 70 participants in the Diabetes Program had shown positive results with reductions in their cholesterol levels, blood pressure, and glucose. They followed a total plant-based diet, which consisted of only beans and vegetables, and committed to a routine of regular walking for exercise.

Participants like Pearl Woods said the sacrifices were well

worth it.

“When I started the class on healthy lifestyles, I knew that it was what I needed,” she said. “The toughest part was getting used to eating beans for breakfast, but the class taught us cooking techniques to make beans and vegetables more flavorful. I’ve learned how to alter my habits, and at my recent examination my doctor was thrilled that I’ve lowered my blood pressure and cholesterol.”

The participants in the Diabetes Program have pledged to continue their lifestyle changes and will remain a group to offer each other support and encouragement along the way.

In the weeks following the Health Ministry workshop, Keystone Mercy had proof that the Diabetes Program participants were not alone in experiencing positive results from the Health Ministry. In a survey of all attendees, almost 30 percent responded that they had made improved lifestyle changes; 21 percent responded they had reduced stress; and 12 percent had positive improvements in their mental health.

Talking to Teens

While planning last year’s program, Keystone Mercy realized there was also a need to educate adolescent girls about issues that affect both their well-being and development. In response, the health plan held six separate workshops during the conference exclusively for teen girls.

More than 300 girls attended workshops on body self-image and self-esteem, etiquette, and dating. At the end of the day, 13-year-old Brianna Bradley of Chester, Pa., graded “S.O.S.—Sisters of Support” as her favorite.

“I attended ‘DIVAs in the Making’ too, but I really liked S.O.S.,” said Bradley. “It taught us how to support our friends in the best way and how to talk to our friends about their problems and give advice. I learned a lot today.”

She wasn’t the only one.

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