Berkeley Journal of Gender, Law & Justice

Volume 17 | Issue 1 Article 14

September 2013

Afternoon Panel: Coalition-Based Strategies for Improving Health Access and Outcomes for Underserved Women - Unheard Voices: Defining Black Women's Advocacy Agenda

Berkeley Journal of Gender Law

Link to publisher version (DOI)
http://dx.doi.org/https://doi.org/10.15779/Z38X34MR3C

Symposium 2001

Afternoon Panel:
Coalition-Based Strategies for Improving Health Access and Outcomes for Underserved Women
Featuring Raquel Donoso, Lisa Cheyemi Ikemoto, and Latonya Slack

Unheard Voices:
Defining Black Women's Advocacy Agenda†

Latonya Slack††

My name is Latonya Slack, and I'm the Director of the California Black Women's Health Project. We're a statewide policy advocacy organization organized to educate and improve the health of Black women and girls in the State of California through education, policy advocacy, and prevention. We are the State arm of the National Black Women's Health Project, a Washington D.C. based organization that was formed in 1982. The mission of both organizations is simply to improve Black women's health throughout California and the nation.

However, I want you to think about us a little bit differently because we believe in total health and well-being, not just the absence of disease. We believe in empowerment and access. We also believe in spiritual, emotional, and physical well-being. Many of the strategies that we employ emphasize those three areas. A lot of times, in the medical and legal fields, people don't really look at those ideas or issues. When you're

---

† This is an edited transcript of the remarks delivered by Latonya Slack as part of a panel discussion on Coalition-Based Strategies for Improving Health Access and Outcomes for Underserved Women at the BERKELEY WOMEN'S LAW JOURNAL'S 2001 Symposium, *In Critical Condition: The State of Women's Health and Access to Care.*

†† Executive Director, California Black Women's Health Project; J.D., University of California at Los Angeles School of Law, 1994; A.B. in Biomedical Ethics, Brown University, 1989.

looking at some of the strategies that we employ, understand that we look at the total health of the woman.

I'm going to talk to you today about two of the strategies that we employ. Earlier today, we heard a lot about the statistics on African-American women all over the nation and in the State. We as an organization understood that those statistics disparately affect the health issues and health outcomes of Black women. The following are some of the ways that we've developed to address those issues and outcomes in a proactive manner.

The first is our direct services model. We created a women's self-help resource center in South Central Los Angeles. We call the center "The Well," because it is formed around the African tradition of women gathering around the well to exchange information. This center was formed with community-based partners in South Central Los Angeles to provide services to the women there. Primarily low income Latina and African-American women use these services. The women of South Central Los Angeles do not have access to traditional medical services, prevention type methods such as exercise classes or a gym, or even a safe walking space. A lot of the times the parks are dangerous because of drugs, gang activity, and violence. In the neighborhood surrounding The Well, we've had several drive-by shootings and different environmental issues that the women there have had to deal with.

This resource center is located on the first floor of an affordable, low income housing development created by another community-based organization. There are four different partners there who provide services to the women. The partners specialize in their different areas. They provide access for women who normally would not be able to get to other areas of the city. I don't know if many of you are familiar with Los Angeles, but it's a very segregated city. Low income women live primarily in one area, and public transportation is almost nonexistent. Thus, when you live in one area and you need to get access to your HMO' medical doctors, you need to take a bus. Not to mention problems with getting time off from work. A lot of times we forget about women's lack of options when we talk about access to competent care.

We provide free fitness and nutrition classes for the women at The Well three times a week. We've introduced a yoga class. We provide nutrition classes that have a culturally sensitive base in terms of talking about the ethnic foods specific to African-American women. There are cultural practices that affect the way that people cook and eat their foods. Because a lot of Latina women are interested in the classes, we've been talking with our partners about developing a Latina-based nutrition class. We also have family planning services. We've done HIV/AIDS education and outreach workshops and reproductive health workshops there.

Uniquely, the partners of the organization formed a collaborative project. Each partner has shared responsibility for developing the programs and providing resources. There are community-based organizations in many areas that come together to talk about this specific facility. Representatives from each group meet on a quarterly basis to decide what's going to happen with the program. That kind of coalition building is difficult sometimes and there are challenges because each of the organizations has its own mission and goals, and each organization also has different ideas about what it wants to do there. It's not completely easy, but it is a preferred model. The process of developing this self-help resource center and an outcome that will benefit the women there is most important. We've been working on that strategy since 1996. The program has changed over time, but the collaborative process still remains in effect with different partners who provide different services.

As an organization, we've also done policy advocacy. At one point, we had a small policy office in Sacramento where we did some advocacy work, and we participate in numerous coalitions like those that Raquel [Donoso] and Lisa [Cheyemi Ikemoto] talked about. We're often invited to come and speak about Black women's access to services and health disparities. I'm really happy that today I don't have to talk about those issues because other people talked about them this morning. It is really good to know that other people are aware of some of these issues.

What we've noticed is that there have been several trends in California in terms of the policy in mainstream organizations. There are changes in the legislature: due to term limits and some other issues, there are fewer Black women legislators, who would be our natural allies, to give a voice to Black women's health concerns. There's also a lack of research and information in the State. Data collection would make it easy and affordable for a non-profit organization like ours to access information about our constituents. We are statewide and we do want to get compile information from Black women all over the State.

Some of these issues are coming up in our work, in the policies and programs that we want to affect. We began by talking with our board and some of our community partners. Then we developed an advisory group to talk about how we could launch a policy advocacy program that would not only engage Black women, but also keep in contact with direct service providers.

Many of the mainstream policy advocacy organizations here in the State and probably nationwide do a lot of research and analysis. We wanted to create a different model of policy advocacy, one that would relate to our constituents. They might think when they hear "policy," "Oh, you have to be a lawyer to do that," or "You have to be someone who is educated to do that." We really don't want to create that model. There's enough of that around already. We really looked at asking Black

women: "What are your needs, what are your concerns, and what are your priorities? How do you see that translating into policy advocacy?"

We knew from the available data, like the statistics that we heard this morning, that Black women suffer disproportionately from a greater incidence of diabetes, high blood pressure, and cardiovascular disease. We also knew that the incidences of Chlamydia, HIV, and AIDS are increasing among Black women at an alarming rate. We also knew that there was a lack of access to culturally competent care services. There might be patient-provider communication issues and cultural barriers. Some of these issues regarding race and competent access were mentioned earlier today.

We began by surveying fourteen hundred Black women in the State of California last year. We developed a survey covering a broad array of issues. We took them to our community-based organizational partners throughout the state and asked them to distribute the survey and to give it back to us. We also went to community fairs and organizations where Black women gathered. We didn't limit the study to low income areas or to low income organizations, although they certainly were a part. One of the things we noted in our research is that the incidences of health care do not change for Black women with access to insurance. Even women with access to health care have high infant mortality rates, high incidences of diabetes, et cetera. We wanted to make sure that we included all the ranges of African-American women. The youngest person in our survey was fourteen. The oldest was eighty.

We also conducted focus groups with about a hundred Black women in the larger urban areas in California: Sacramento, the Bay Area, Los Angeles, the Inland Empire, and San Diego. We asked them: "What are your issues and what are your concerns?" We came up with a lot of different issues and areas for advocacy. There was some information on the table outside about our focus groups and our surveys, highlighting some of the issues that were prevalent. Based upon that information, this year we will be looking at race, mental health (an issue that is really overlooked for Black women, because there's a stigma in our community about talking about mental health issues), and reproductive health. We will release the results from our survey and focus groups next month.

We also held a policy summit with leaders from all over the State of California. We talked to them about the Black women advocacy agenda. We held a conference on race called "What's Race Got To Do With It?". We invited laywomen and advocates to talk about race and its impact on health. We're involved in these strategies to engage women in California in a new model of policy advocacy that incorporates our issues, our opinions, and our ideas. We really feel that we need to speak for ourselves in order to put the right face on the issue.

In addition, we created a video because one of the things we encountered through all of this outreach is people saying, "What do you mean by

policy?" We developed a video to talk about what we want to do. [Video played.]

Our next step from our initial survey and the work that we've been doing is to develop our model. We plan to continue our policy advisory group, which will consist of leaders from the different organizations that we discussed. We want to form a viable group that directs the Black women's advocacy agenda. We also have another organizing strategy to develop an advocate training program, where we will help lay women develop their leadership skills. That way they will actually be directing the small groups and the issues and telling us what's important to them. Then they can communicate directly with the legislators themselves.

In closing, those are the two programs that we're launching now as a result of all the outreach and work that we've done over the past year and a half. Thank you.

Relevant Sources

African American AIDS Policy and Training Institute, *at* http://www.aaainstitute.org.

BlackWomensHealth.com, *at* http://www.blackwomenshealth.com.

California Black Women's Health Project, *at* http://www.cabwhp.org.

Office of Minority Health, U.S. Dep't of Health & Human Services, *at* http://www.omhrc.gov/omhhome.htm.

If you would like to request the California Black Women's Health Project's report or video, which were discussed by Ms. Slack, please e-mail wellwoman@cabwhp.org.