

she

Shines™

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minority health
prevention and wellness for the soul

equity in health care
Carrie Bridges

yoga's healing powers
Rae Ferguson

examine culture, enhance medicine
Dr. Lori Arviso Alvord

special insert
ywca summer programs

share it
trust it
smile

published by YWCA Northern Rhode Island • volume 4, number 2 • www.sheshines.org



june

july

august

Events are listed on the calendar as space allows. Submissions may be e-mailed to sheshines@mac.com, faxed to 401-769-7454, or mailed to *She Shines*, c/o YWCA Northern Rhode Island, 514 Blackstone Street, Woonsocket, RI 02895.

● **June 12, 3rd Annual Emerging Women in Business Conference:** Held at Rhode Island College from 3 to 8:30pm, the theme is "Seeds for Success". Sandra Ruiz-Desai, founder of Desai Communications, is the keynote speaker. Organized by The Rhode Island Coalition for Minority Investment and The Center for Women and Enterprise. Visit www.emergingwomen.biz.

● **June 16, Chanting Meditation:** Take time to relax and tune inward. Chanting can create deep peace, vitality, freedom, and spiritual awareness. This practice makes it easy to enter into the sweet silence of meditation. No experience needed. For more information visit www.allthatmatters.com.

● **June 17, Stress-Something You Don't Need:** From 7 to 9pm at Women & Infants Center for Health Education, 1050 Main Street, East Greenwich. Free. Call 886-4222.

● **June 18, Five Secrets to Looking and Feeling Younger, Losing Weight and**

Managing Diabetes: From 7 to 9pm at Women & Infants Center for Health Education, 2168 Diamond Hill Road, Woonsocket. Free. Call 886-4222.

● **July 1, Alzheimer's Caregivers Support Group:** 9:30am at Portsmouth Senior Center, 110 Bristol Ferry Road, sponsored by Newport Hospital. Call 683-7500.

● **July 2, Crohn's Disease and Colitis Support Group:** From 6:30 to 8pm at Women & Infants Community Education Room, 100 Dudley Street, Providence. Free. Call 453-7953.

● **July 3, Breastfeeding Support Group:** 1pm at Newport Hospital, 11 Friendship Street, in the Noreen Stonor Drexel Birthing Center. Call 845-1110.

● **July 7, 14, and 21, Fireworks on the Beach:** Fireworks at 8:45pm at Westerly Town Beach, 365 Atlantic Avenue, Misquamicut. For details call 789-9301.

● **July 8, Grief and Bereavement Support Group:** For those coping with the loss of a loved one. From 6 to 8pm at Women & Infants Center for Health Education, 1050 Main Street, East Greenwich. Free. Call 886-4222.

● **July 11-12, Fun on the Farm:** At Providence's Roger Williams Park Zoo, 1000 Elmwood Avenue. Full Circle Farm exhibit - presentations, music, activities, and displays. Visit www.rogerwilliamsparkzoo.org.

● **July 12-October 25, Southside Community Land Trust's Broad Street Farmers Market:** At the Algonquin House, 807 Broad Street in Providence from 9am to 1pm. Visit www.southsideclt.org.

● **July 15, Look Good... Feel Better:** From 6:30 to 8pm at Roger Williams Medical Center, Elmhurst Extended Care, 50 Maude Street in Providence. Sponsored by the American Cancer Society, designed to help cancer patients while undergoing treatment. Call Pat Dillon at 243-2653 to register. Free. Space is limited. Visit www.cancer.org.

● **July 18, Psychic Healers Fair:** Includes psychic mediums, holistic healers, Reiki, tarot, angels, massage, yoga instructors, metaphysical vendors, and raffles. Free. From 5 to 9pm at Riverside American Legion in Riverside. Visit www.psychichealersfair.webs.com.

● **July 27, 3rd Annual Puzzle Ride for Autism:** At Francis Farm in Rehoboth, Massachusetts from 10:30am to 2:30pm. Tickets are \$20 and include motorcycle rides and a classic car show. For details contact Mary Farhoumand at 401-785-2666.

● **July 28, PAK Golf Fundraising Tournament:** Supports organization, contact Vilai at 783-3844. See article on page 6.

● **Under the Stars by the Sea:** Food and music from 6:30 to 11pm at North Beach Clubhouse, 79 Boston Neck Road, Narragansett. Proceeds benefit Day One, providing services to children/adults traumatized by sexual abuse and violence. Visit www.day-oneri.org.

● **August 12, Tech Nite:** New England Institute of Technology on Post Road in Warwick, will hold its Tech Nite from 4 to 8pm. See the schools facilities and learn about the colleges 30+ technical degree programs. For details call 467-7744 or at www.neit.edu.

● **August 17-22, Camp Hope:** A special place for children with cancer in Rhode Island. Free weeklong residential camp in North Scituate. Sponsored by the American Cancer Society, for details contact Theresa.Masnik@cancer.org or 243-2628.

● **August 22, 7th Annual Health Care Symposium:** From 8am to 3pm at Radisson Airport Hotel Providence, 2081 Post Road in Warwick. Sponsored by the Rhode Island State Nurses Association. Program entitled "A Day of Wisdom" with Dr. Tieraona Low Dog, MD, 6.0 contact hours awarded.

● **August 26, Women's Equality Day**

immunization
awareness
month

sights and sounds for the
she spirit



Maya Breuer is both jazz singer and yoga instructor. She will be at the Black Yoga Gathering in New York on September 12, 13, and 14. For details visit www.eomega.org. Locally she teaches at Providence Healing Arts, 297 Wickenden Street in Providence on Tuesdays from 6-7:30pm and on Saturdays from 10-11:30am.

jazz singer, Maya Breuer

by Anne Edmonds Clanton

Like many vocalists of the jazz genre, Maya Breuer's musical roots began in the church. Her official debut occurred in the early 1970's, though, at Sandy's Jazz Revival in Massachusetts. Accompanied by guitarist Bill Jiakovelli they formed a winning, musical combination that played jazz gigs throughout New England.

Breuer's voice has been compared to jazz legends like Sarah Vaughan and Ella Fitzgerald. But really she is one of a kind. She has performed with countless local and national jazz acts, and, before Fitzgerald's passing, even met the icon while on a tour. Besides the attention she has received from fellow musicians, her accolades include being voted Best Jazz Vocalist by Boston Public Broadcasting's WGBH.

Breuer began practicing yoga in the early eighties, eventually becoming a licensed instructor. In fact, in 1997 she went on a musical hiatus to pursue a yoga-driven spiritual journey. She returned to jazz in 2006 and to her partnership with Bill Jiakovelli. The two have recently per-

formed together at The CAV, RISD Museum, and Providence Black Repertory Company. She also continues to offer yoga classes and related programs, lectures, retreats and workshops.

For information on how to book Maya Breuer, contact AEC Productions at anne511@cox.net. For information related to her yoga work, visit www.kripalu.org.



Anne Edmonds Clanton is a devoted and passionate arts enthusiast and a talented event planner. She founded and ran the Langston Hughes Center for the Arts and Education for 17 years. Now Clanton represents artists as the head of AEC Productions. She is also the coordinator/host of the annual Langston Hughes Community Poetry reading event and a consultant for the Rhode Island School of Design.

photos courtesy of Breuer and Clanton

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Human Papillomavirus (HPV)	Yes, if 9 through 26 years of age	No, under study	Yes, if 9 through 26 years of age	Inactivated	IM
Influenza-TIV, IM	Yes	Yes	Yes	Inactivated	IM
Influenza LAIV	Yes, if less than 50 years of age and healthy	No	Yes, if less than 50 years of age and healthy	Live	Nasal spray
MMR	Yes, avoid conception for 4 weeks	No	Yes, avoid conception for 4 weeks	Live	SC
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Pneumococcal Polysaccharide	If indicated	If indicated	If indicated	Inactivated	IM or SC
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Tdap, one dose only	Yes, preferred	If high risk of pertussis	Yes, preferred	Toxoid	IM
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how to

contribute. *She Shines* welcomes letters to the editor, articles, poetry, stories, graphics, photos and calendar events. Contact us if you have an inspiring story to tell or have a suggestion of someone to be featured. Only original contributions will be considered and may be edited due to space limitations. Include contact information including name, e-mail, address and phone number. Images provided electronically must be high-resolution.

submit cover art. The cover is reserved as a gallery of art in keeping with the theme of *She Shines*. For consideration, send in a photo by e-mail attachment or mail. This is a wonderful opportunity for local artists to show their work. A biography is published in conjunction with the "Artist Canvas" section of *She Shines*.

advertise. Visit sheshines.org to view the advertising media kit. *She Shines* reserves the right to refuse to sell space for any advertisement the staff deems inappropriate for the publication.

receive the magazine. *She Shines* is a free publication mailed to members and friends of YWCA Northern Rhode Island. To be added to the mailing list, a subscription form is available on this page and on the website sheshines.org. The magazine is also available at YWCA Northern Rhode Island and at various special events.

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special insert

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summer programs

include spices in your culinary arts

cookbook by Ashleigh Smith and Julia Parris

● ● ● ● ● ● ● ● ● ●
artist canvas



COVER ART: This edition of *She Shines* displays *Spices*. *Spices* is an Indian cookbook guide created to fulfill a college graphic design assignment and show passion for the culture. It contains recipes, spices, drinks, images of Indian dishes, and hand-made detailing. ● ● ● ● ● ● ● ● ● ●

cover art photo courtesy of Smith

Ashleigh Smith, the design director and graphic designer for *Spices*, began her relationship with Indian food in 2004 when she embarked on a month-long trip to the country. While there she had her first authentic interaction with Indian food, the smell of spices upon coming out of the Mumbai International Airport and into the rainy streets. Cooking quickly became a means of communication that she fell in love with. She learned, not only how to make some traditional meals from different parts of India, but also how to communicate through the language of food. Soon after, while studying design at the Rhode Island School of Design she joined her passion for book design, bookbinding, collaborative projects, and India - through *Spices*. Smith graduated this May from RISD with a bachelor of fine arts in graphic design, ready to follow her passion for design for social and economic causes.

Julia Parris, the photographer for *Spices*, developed her love for art at an early age, later graduating with her bachelor of fine arts from the RISD in photography. While spending a month in India, she became obsessed with the saturated color, textures and smells in the famous markets. As a photographer, Parris combines her experiences from India and abroad in sensuous imagery and thoughtful depth. Parris photographs product, weddings and portraits as well as her personal fine art work in and around New England. She has shown in galleries in Kansas City, Providence, Boston, and New York City, and has photographed abroad in Ireland, Wales, England, Hungary, Romania, India, and Thailand. She is currently living and working in North Carolina reliving the experiences of the markets of India at the various local flea markets.

- Reza Corinne Clifton

Rhode Island State
Nurses Association
presents:



7th Annual
Women's Health Care
Symposium

Friday, August 22, 2008

8:00 a.m. - 3:00 p.m.

6.0 Contact Hours Awarded
To be confirmed.

Radisson Airport Hotel Providence
2081 Post Road
Warwick, Rhode Island 02886

Save the Date

"A Day of Wisdom"
With

Dr. Tieraona Low Dog, MD

* * * * *

The American Nurses Credentialing Center's (ANCC) Commission on Accreditation status is specifically for the continuing nursing educational activity and does not confer RISNA or ANCC's Commission on Accreditation endorsement of the commercial product(s).

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*Women's Health Care
Symposium *

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Tieraona Low Dog, MD



Dr. Low Dog was appointed by President Bill Clinton to the White House Commission of Complementary and Alternative Medicine. In August 2003, she was appointed by Secretary Tommy Thompson of Health and Human Services to serve on the Executive Advisory Board for the NIH National Center for Complementary and Alternative Medicine. As the chair of the United States Pharmacopoeia Dietary Supplements and Botanicals Expert Committee, Dr. Low Dog helps oversee the evaluation of the safety and efficacy of dietary supplements. Her many honors of distinction in recognition of her work in herbal medicine include *Time* magazine's award as Innovator in Complementary and Alternative Medicine for the year 2001 and the International Martina de la Cruz medal for her work with indigenous people and their remedies. She is faculty for the Fellowship in Integrative Medicine at the University of Arizona and is Clinical Assistant Professor in the Department of Family and Community Medicine at the University of New Mexico.

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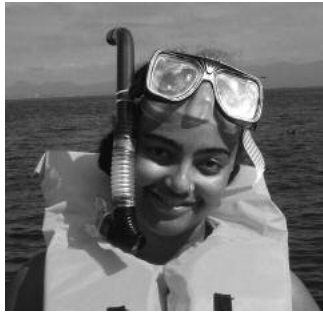
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from the guest editor

what is minority health?

prevention and wellness for the soul



What is minority health? Prevention and wellness for the soul, I decided when I was asked to be guest editor of the summer edition of *She Shines*. It is keeping the mind and body uncluttered so that your inner spirit can roam. It isn't always feeling badly, shamefully, or ugly, and it also isn't always trying to look thin, beautiful, or perfect.

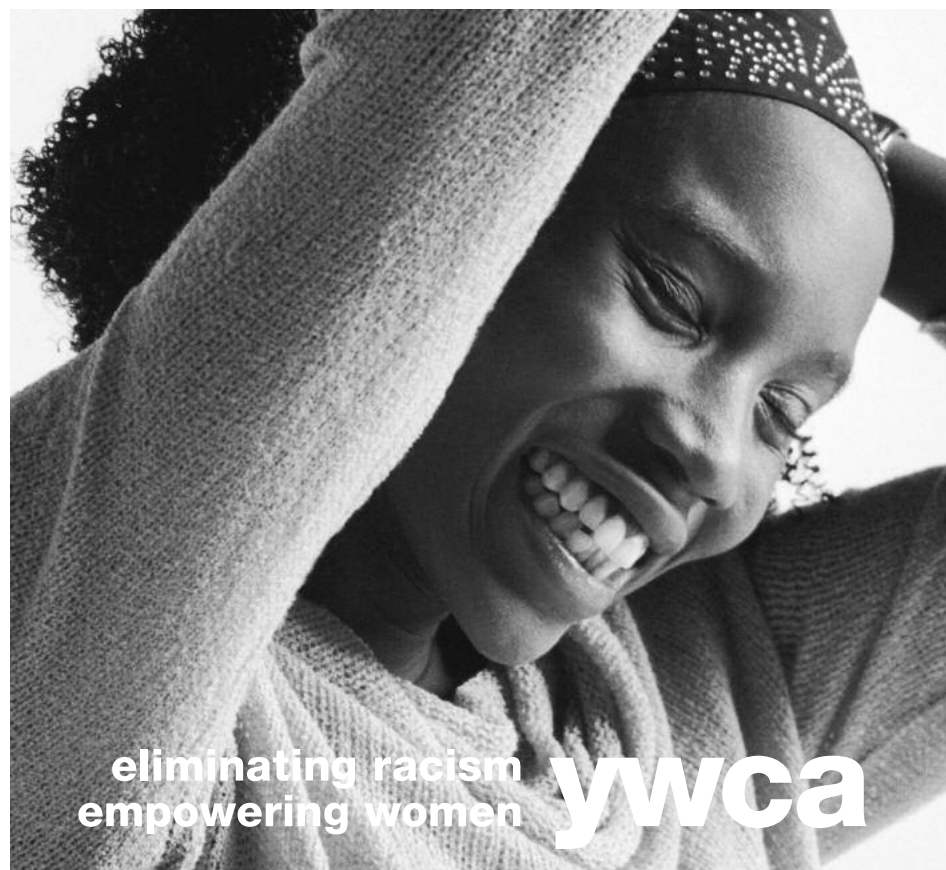
Minority health can also be considered the alarming statistics and disturbing trends that are new or stubbornly persistent. Take research that shows White women have the highest rates of breast cancer, yet African-American women are most likely to die from it. Or data compiled by the Rhode Island Department of Health showing Native Americans have the highest percentage of infants with low birth weight.

Like *She Shines* and YWCA Northern Rhode Island, I have been devoted to both parts of minority health: investigating and attacking the root causes of disparities and discrim-

ination; and celebrating the things and people that nourish our hungry souls. From a human rights-driven diabetes specialist, to the first board-certified Navajo female surgeon, the many contributors and I do it again here, in the summer edition of *She Shines*. The personal stories they impart in their words are just as easy to swallow as their advice. Join us, readers, in celebrating those who are making a difference and fighting for justice in the realm of health and medicine.

- Reza Corinne Clifton

Reza Corinne Clifton is a freelance journalist with six years of experience via radio, print, and the internet. Her articles have been published locally as well as nationally in places like www.Blackenterprise.com and *Urban Influence Magazine*. She is an online publisher of the website, www.RezaRitesRI.com, which earned her a 2007 Metcalf award for Diversity in the Media. In radio, she has production and on-air experience in music and news programming from WRIU, WRNI, WBRU, and The Coast (93.3). For more information, email rezayw@gmail.com. photo courtesy of Clifton



she shines interview

Dr. Navy cares for Cambodian children

Project AIDS Khmer (PAK) is a small, humanitarian organization doing big things to curb the spread of HIV/AIDS. In Rhode Island, PAK board members help with fundraising and project evaluation. But the group's life-changing work on health and children's advocacy happens far away - in rural communities in Cambodia.

Cambodia is a country "devastated by decades of war," and genocide according to Dr. Kong Bun Navy, a PAK co-founder, physician in women's health, and international specialist on tuberculosis and HIV.

Today, says Dr. Navy, "Families live with the continued trauma of AIDS and other diseases and lack of access to health care services." Especially distressing to the doctor, who studied medicine in Cambodia and speaks Khmer, is that in her home country more than 350,000 children "below the age of 15, have lost one or both parents" due to the disease.

One response was PAK, a nongovernmental organization (NGO) that began as a collaboration between the Cambodian community of Rhode Island and a "dedicated group of individuals in Cambodia." The problems were/are immense, but Dr. Navy is hopeful. "PAK is a small NGO with limited funds, but we try our best to contribute to the success of the country."

From building a community library, and collecting and donating medications, to providing treatment and hope to the "hopeless," I would say that PAK's last eight years have been effective, with more years of successful initiatives to come.

Dr. Navy is studying Public Health Policy and Management at Tulane University in Louisiana with the support of a Hubert H. Humphrey Fellowship Award. She has more than 12 years experience working with NGOs, international organizations/donors, and Government sectors; she helped found Project AIDS Khmer while training at the Brown University School of Medicine in 2000.

- Reza Corinne Clifton

For information, visit www.projectaidkhmer.org. See related event on page 2. photo courtesy of Penny Jessop, MPH/Tulane University



Periodically *She Shines* will include a guest editor in order to increase the diversity of voices in the publication. With this edition's focus on minority health, it was a joy to collaborate with Reza Corinne Clifton. Reza - thank you for your vision, outreach, articles, and images!

Readers, your comments are welcome. E-mail: sheshines@mac.com

Take care,

Lisa

- Lisa Piscatelli, editor

express yourself

The theme for fall is raising healthy children. For details on how to *She Shines*, see page 4. Submissions are due by July 7.



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Comments: _____

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then it probably is a duck.

If it looks like a cigarette, is smoked like a cigarette, and is deadly like a cigarette...



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chatting with the chief

a conversation with Carrie Bridges

by Reza Corinne Clifton

Carrie Bridges is not a native Rhode Islander. She “claims” North Carolina, because that’s where she attended Junior High School through college, and she is originally from Chicago, Illinois. Most of her family lives there in the windy city, though her three brothers live in North Carolina, Michigan, and, at the time of this interview, in the South American country, Chile.

But that hasn’t stopped Bridges from committing to reduce health disparities in the nation’s smallest state. As a matter of fact, as chief of the Office of Minority Health (OMH) at the Rhode Island Department of Health (DOH), it is a top priority. And it was work with OMH that brought her to Rhode Island in the first place.

Bridges had just finished a Masters Degree program at the School of Public Health at Boston University when she was selected for a three-year fellowship with the Centers for Disease Control and Prevention (CDC). “The ultimate goal of the fellowship,” explains Bridges, was “to get more professionals working in state, local, or federal public health systems,” including here in Rhode Island.

Curious about her journey from fellow to chief, I talked to Bridges on a busy day in April, during the height of what was, then, National Minority Health Month. We talked about the exciting work coming out of her office. I caught a glimpse of what a leader in public health looks like.

Welcome to Rhode Island: The first year of the CDC fellowship program, Bridges worked at the organization’s main office in Atlanta, Georgia. But during year two and three, she was assigned to Rhode Island to work on what at the time, was a new initiative of OMH – the Refugee Health Program. By August 2006, the fellowship was done. But Bridges stayed on as a contractor until January 2007, when she “applied for and became a [fulltime] state employee,” she says referring to the position she still holds.

“I loved it,” says Bridges of that first position with the Refugee Health Program, which is why taking the next step made sense. “I was passionate [about Minority Health],” recalls Bridges, “because of the work I had been doing” as a fellow.

She also realized that she had become woven into the fabric of Rhode Island. Reflecting on the “great community organizations and individuals” with whom she had partnered previously, it was clear to her that “it was a wonderful opportunity to stay and do the work,” she had started.

Rhode Island charm - quahogs, Del’s lemonade and public health? Rhode Island’s peculiar charms have been documented in television shows and movies alike, but Bridges recognizes them as well – at least in the Public Health arena. The state is “unique,” says Bridges, because it is 1 of 2 states in the country with a health department system that does not consist of local or municipal departments or sectors. “People in Rhode Island,” explains Bridges, “generally identify themselves by their city or town; not along county [or municipal] lines.”

The result, says Bridges, is that “a lot of the direct services” and initiatives of DOH are in actuality accomplished through “contracts to community organizations,” community action programs, and hospitals. In fact, says Bridges her first assignment with the Refugee Health Program provides a perfect example of how local partners and the department often interact.

The CDC, recalls Bridges, sent her to help OMH create the Refugee Health Program – after community advocates expressed concern about service-coordination for refugees settling in Rhode Island. To get it off the ground, the department worked closely with external partners like International Institute of Rhode Island and the (Catholic) Diocese of Providence. Their shared goals included coordinating all levels of care and training refugee-servicing providers.

Carrie Bridges, right, is chief of minority health at the Rhode Island Department of Health. For information about initiatives of the Department of Health, Office of Minority Health, or to reach Carrie Bridges, visit www.health.ri.gov/chic/minority/index.php. For more studies conducted by the Institute of Medicine, visit www.iom.edu.

photo by Reza Corinne Clifton



Public health in Rhode Island - engaging community, closing the gap:

Bridges continues to value community partnerships and public input in her role as chief of minority health. They were central to many of her recent initiatives, like work she did a few months back for immigrants who had come from Africa – a group that has grown in the state as changes in armed conflicts, immigration policy, and general demographics occur.

Within the immigrant community, cites Bridges, “Rhode Island has representation from over 40 African nations!” Driven by collaboration with external players like the American Cancer Society, the African Alliance of Rhode Island, and different African nurses organizations (Nigerian, Liberian, etc.) – says Bridges, “we realized that we had not addressed African health in a very concerted way.”

The result of their observations and partnerships was OMH’s “first-ever, African Health Summit,” held May 31 at the Met School in Providence. They produced it in conjunction with the aforementioned organizations as well as churches, Neighborhood Health Plan of Rhode Island, and others. And the target audience, says Bridges of the conference, was everyday people rather than providers. “Screenings, educational panels on how to navigate the system, and exhibitors from different organizations” were just some of the pieces on-hand for attendees.

The May 1 Health Conference for Latina Women (see page 9), says Bridges, is another example of this type of reflection and collaboration. Partners of that one included DOH, Women and Infants Hospital, Area Health Education Centers, American Cancer Society, Rhode Island Foundation, YWCA Northern Rhode Island, and leaders in the Latino community. The primary language used for information delivery was Spanish, with English provided through interpreters.

But how does Bridges respond to

people who might say that they felt left out or not served by a conference conducted in Spanish? “We’re here to improve Rhode Island public health as a whole, and this is a way [to arrive] there. We need to demystify the health care system; we need to improve access; [and] we need to give people resources to make healthy choices.” More simply she states, “We need to empower people.”

For Bridges it goes back to one of her charges as chief of minority health at DOH. “We have a goal to eliminate health disparities, and we have data that says those disparities exist.” She refers to a “ground-breaking report” by the Institute of Medicine and other healthcare groups, which identified discrimination as the biggest factor for national and state-by-state health disparities.

“In this team and in this department,” it’s not just the close and easy to see “causes of poor health,” says Bridges, but “racism, discrimination,” language barriers, poverty, education, “safe housing” and other harder pieces to address.

“The groundwork was laid before I arrived,” says Bridges, referencing colleagues like Ana Novais – who held the position prior to Bridges – and DOH director, Dr. David Gifford. “We have a commitment,” continues Bridges, to reduce disparities and create solutions related to “race and ethnicity, sex, age, geographic locations, sexual orientation, income, and educational level,” and other factors.

Therefore, “no,” she will tell you, neither the May 1 nor the May 31 conference was intended to serve all Rhode Islanders. They were targeted, “to be more effective.”

tu salud debe ser primero

health conference for Latin women



A health conference for women, delivered in Spanish, was held at the Radisson Hotel in Warwick on Thursday, May 1, 2008. Tu Salud Debe Ser Primero (Your Health Should Be First) featured free health screenings, information, and referrals, along with a dinner program that included guest speakers. Above a Women & Infants employee tests the glucose level of an event attendee. Below an Avon representative shares details about the Avon Empowerment Fund.



Individuals, top to bottom, receive blood pressure screenings, body fat analysis and breast health information.

A maximum capacity crowd of 200 women attended Tu Salud Debe Ser Primero, sponsored by American Cancer Society, Central RI Area Health Education Center, Northern RI Area Health Education Center, Office on Women's Health, US Department of Health and Human Services, RI Department of Health, Rhode Island Foundation, Thundermist, YWCA Northern Rhode Island, and Women & Infants Hospital.

photos by
Deborah L. Perry

lessons on trust and surrender from a college professor, yogi, and cancer fighter

by Kalyana Champlain

I saw her from the back as I entered through the front door. She was on her bedroom floor with a wooden chair in front of her holding a bottle of glue. As she turned back to greet me she said, “The chair had broken. I’m fixing it so if nothing else I can at least put some stuff on it. Probably books.”

It was hardly what you would expect from someone in Stage III colon cancer functioning with a self-described “Chemo Brain.” It was also far from the incense, chimes and “Om’s” that one might envision walking in on a yoga master – or yogi.

But then that wouldn’t be Rae Ferguson.

Ferguson is an associate professor of History at the URI. She is also a seasoned yogi who, until recently, was offering classes at All That Matters in Wakefield, a highly regarded yoga and holistic center located near URI and the south coast of Rhode Island. She is on leave from both recovering from surgery “in deep yoga/meditation mode.”

Ferguson began practicing yoga at 19 and might tell you, as she did me with a joyful laugh and playful finality, that she is “old now, so that’s a long time.” Of the many variations, she practices Yoga Nidra, which Richard Miller, the founding president and director of the Center of Timeless Being, describes as “an unmatched way to experience the culmination of the art of yoga, and the deeper physical, emotional, and spiritual rewards that are its promise.”

Ferguson is in the process of reaping some of these rewards in her current spiritual journey sparked by her cancer. At Stage III, according to the National Cancer Institute, despite its label Ferguson is, in fact, recovering from the fourth phase of progression; Stage IV is the fifth and final stage and it represents the most progressed symptoms of colon cancer. Yet Ferguson says because of her yoga practice, she remains in high spirits with little instances of pain.

These sentiments were palpable. As we sat on folded blankets overlooking her back yard, welcoming

occasional visits from neighborly birds, her joy and appreciation of life suddenly encompassed my soul. I offer you, the reader, excerpts from the wisdom and essence shared by Ferguson during what at times felt like a mystical Saturday afternoon.

Kalyana Champlain (KC): As you know, this edition of *She Shines* is about women’s health and wellness. The first thing I want to ask is what is yoga? I know some will ask, “what is the deal with this? Why is *She Shines* talking to someone about yoga!”

Rae Ferguson (RF): Well, yoga is much more than the exercise that we think of. The word yoga means union. So yoga is not an exercise you do but a place you go. It is the nexus of the body and mind and spirit, and we all have it. Those moments when your body is tired or lets go and something else is holding you in that pose or you feel complete – that’s the yoga moment.

KC: Mmmm. Letting go.

RF: Yes, it’s about surrender. Not giving up, but surrounding [ourselves with] that divine spark within us. I think of it as the nexus of all my parts coming together. And when you hit that moment it is indistinguishable from anything you know. And you don’t have to practice 50 years to find it.

KC: But you have been doing this for many years. What are you doing right now?

RF: Right now I do meditation and I do Yoga Nidra. It is said that 40 minutes of Yoga Nidra is as good as 4 hours of sleep. The most profound difference [is] not muscles [but] where does it put you in your day? Do you feel a little happier? Are you more settled? Yeah.

KC: Can a yogi and a regular doctor work in conjunction?

RF: Yeah. There is a whole field of yoga therapy that is opening up that is phenomenal. There [have] been studies done with NIH [National Institute of Health]. Yogis have been working in that field for a long time. [But] all yoga teachers are not yogis. For yogis this has become a very real way of life so they live out of the experience of yoga.

[As Ferguson and I converse, we are joined by a few birds who seem drawn to our sister circle.]



RF: Aw, look at all my little finches out there. There’s six of ‘em that come and they just play.

KC: They just hang out? I have two cardinals that come visit me.

[Our bird talk continues briefly as we move to what, as a practitioner of Nichiren Buddhism myself, feels more like a conversation between long lost spiritual sisters reconnecting and catching up than a formal interview between writer and subject.]

RF: So where were we?

KC: The holism of being a yogi, not just a yoga teacher.

RF: Oh yeah. It’s like everyone was worried that I would be bored in here [during the breaks from URI and All That Matters], and I’m like “This is the opportunity I’ve been waiting for!”

It is really difficult to explain it because, again, you are explaining something that is an experience [where] the mind does its thing. That’s why you sit so it [the mind] can settle. That is why you do asana – yoga exercises – to prepare the mind to sit. And for us, it is hard to sit because our culture is so move-move-move.

KC: What exactly is the “asana”?

RF: Those are the actual poses. Some come to it [yoga] with different physical abilities . . . and often set their relationship to yoga with “how fit they are.” It really has to do with how open you are to what you want.

KC: So your advice would be to just be open?

RF: Just go! Ya know? Forget about “I don’t know how to do this.” When you go take a class are you supposed to know about everything before you go in there? It is in having the experience often enough [of going to the calm place] that you can just go there.

KC: So how is this playing into your everyday life?

RF: I have been sitting in this house for 6 months fighting cancer [and] it’s like I’ve been on my way to this moment for my whole life. Tired is the only thing that I feel.

It is an experience that I’m supposed to have - and the outcome is less important than the journey. It is all about trust and surrender. ☺☺☺

To learn about classes on yoga, meditation, and other holistic health services visit www.allthatmatters.com. For information about Colon Cancer, visit www.cancer.gov.



Kalyana Champlain is a writer and spoken word artist as well as a recent graduate of URI - B.A. in communication studies. With a completed thesis entitled *Hip Hop is Dead? The Rhetoric of Hip Hop*, she’ll be pursuing her Masters

Degree at URI, in communication studies with a focus in public discourse. To reach her, e-mail kbe9877@yahoo.com.

photo courtesy of Champlain.
photo of Ferguson by Champlain.

preventing diabetes promoting human rights

a doctor has a dream

by Reza Corinne Clifton

Dr. Padma Balasubramanian has a lot on her mind. There are statistics she compiled pointing to more than 50 million Americans living day-to-day without health insurance. There is the Harvard University study she read about how an absence of insurance affects life expectancy. Oh, and there is the fact that her office recently relocated from Attleboro, Massachusetts to Foxboro.

Some doctors might be worried that a move could cause a drop in their patient load. But as an endocrinology and diabetes specialist, Dr. Balasubramanian probably has little to worry about. That is because as the doctor herself is aware, more than 60% of Americans are overweight or obese, a significant risk-factor for diabetes – and a host of other heart, joint, and breathing problems.

But Dr. Balasubramanian is not sitting in a back room comparing negative statistics with personal earnings. On the contrary; she is on the front lines, from the inner city of Dorchester, Massachusetts to her hometown in Southern India, talking to youth and adults about the benefits and habits of a healthy lifestyle – and the dangers of choosing not to pursue one.

In the midst of packing boxes and prepping patients for her office re-opening, the specialist made time to talk to me about human rights, patient advocacy, and why she does not like the Atkins Diet.

About Padma Balasubramanian: Dr. Balasubramanian was born and grew up in the city of Hyderabad in the southern Indian state of Andhra Pradesh. She comes from what she calls “a middle-class family,” where her grandfather and uncle were judges, her father worked for the government, and her mother was a college educator.

She attended college and medical school in India, and, before moving to the U.S., lived in Britain doing three years of medical residency there. She moved to the U.S. as a 25 year old –

with no problem adjusting “at all” – to do an internal medicine residency in Worcester. She later did a fellowship in endocrinology and diabetes at Brown University in Providence.

Patient Advocacy and Human Rights: Ask Dr. Balasubramanian what kind of medical advice she might give to someone without health insurance, and she clearly struggles with the answer. Why?

The doctor is very insistent about the role of regular check-ups and screenings in the battle for individuals to stay healthy, but she is aware that office visits and referrals can seem like – or are, depending on the political climate – insurmountable barriers to the uninsured and, therefore, a barrier to optimal care and health. In fact, that is why the question of advising the uninsured pains her so dearly. “Ultimately,” says Dr. Balasubramanian, “we want . . . medicine that helps people live long lives and reach their full potential.”

And to her, it is not a question of only some getting those benefits. “Being a physician,” says Dr. Balasubramanian, is “doing good for people and it can be looked at from a human rights perspective.” Citing Dr. King as an inspiration for her views, she reflects, “I believe health care should be a human right.”

As part of this belief, Dr. Balasubramanian believes in sharing tips to a healthy life; she frequently presents on diabetes. She speaks to patients, support groups, medical colleagues, community and labor groups, and to youth – especially in Attleboro, Dorchester, Boston and other Massachusetts communities. Her outreach is international in scope as well, though.

She provides voluntary care and advice on diabetes annually with a program in her hometown of Hyderabad, and she is part of an organization called The Medico Friend’s Circle, which is dedicated to addressing and improving healthcare in India.

Calling Out to Youth, Women, and People of Color: Given the doc-

“I was always drawn to human rights. Being a physician . . . [it is] doing good for people and it can be looked at from a human rights perspective. I believe health care should be a human right.”
- Dr. Padma Balasubramanian

photo courtesy of Dr. Balasubramanian



tor’s specialty with diabetes and who historically suffers from it, much of her local volunteer work, compiled national data, and presentation materials pertain to or are designed for communities of color. “About 8% of the U.S. population now has diabetes,” she explains, but African-Americans, she contrasts, are at a rate of “13%.” But she is also quite concerned with women and children in the U.S., especially those who are overweight and obese; ethnic minorities; and those living in urban areas and inner cities.

Women of all ethnicities, according to an article she showed me from the Association of Black Nursing Faculty, are more affected by obesity than men. But especially alarming is the disturbing rise of diabetes in youth, according to data – and according to what the physician herself has observed. “More and more young people,” says Dr. Balasubramanian, “with not Type 1 but Type 2 diabetes” are becoming patients of hers. “Obesity is a major risk factor,” says the doctor, “and it is to do with lifestyle.”

It was also clear at a community presentation she gave recently to a group of Latino teen peer leaders in Dorchester, Massachusetts. They themselves, she says, “discussed [obesity] in detail . . . as an epidemic in the U.S., especially for young people” and people of color.

Health for Life: As a care-provider to her patients and an informed orator to her audiences, Dr. Balasubramanian is fluent in the language of solutions, strategies, prevention and wellness. And starting with youth is a priority, insists the specialist.

“We used to think of diabetes as a disease of the middle aged,” says Dr. Balasubramanian, but we need to start addressing healthy lifestyle choices earlier. And the message, says the physician, needs to come from “governments, physicians, and communities.”

She also says it has to be much bigger than pharmaceuticals. The doctor openly recognizes the benefits of medications, saying individual prob-

lems have to “be treated,” but she also cites compelling long-range research showing the benefits of exercise and a healthy, moderate diet. Both “pre-diabetic” and “healthy” patients, studies show, prevented the development or progression of diabetes, heart disease, and stroke through “weight loss, diet change, and exercise.” Also proven was that these lifestyle changes and “interventions” worked better than medication and mere advice.

But she also recommends keeping regular appointments with general physicians, and seeing a nutritionist for in-depth dietary questions. For the morbidly obese, it is important to see a cardiologist before beginning an exercise routine, since you could be at-risk for silent heart disease. For all, she says, it is about age-appropriate, risk-centered screenings.

“Hitting age 45 is considered a risk for diabetes,” continues the doctor, “so by the time a patient hits 45, we automatically start screening.” And so is your family’s medical history, insists the good doctor. “A person who has a family member,” she explains, “Native Americans, African-Americans, Latinos, those with a first-degree relative, those who were born ten pounds and heavier – these people are all at risk.”

At-risk or ready to attack – your choice.

Dr. Padma Balasubramanian can be reached at her new office at 70 Walnut Street in Foxboro, Massachusetts. For more on preventing or treating diabetes, visit www.diabetes.org to see information provided by the American Diabetes Association. ❖❖❖

shape up

slimming down Rhode Islanders
one team at a time

by Camila Crews

It is no secret that obesity is an epidemic in many states including Rhode Island. Increased portion sizes and inactive lifestyles have led to expanded waistlines that cross culture and gender lines. Luckily for us in 2006 Rajiv Kumar, a Brown University medical student created Shape Up Rhode Island, a statewide exercise and weight loss team challenge to fight obesity.

Shape Up Rhode Island is made up of more than 12,000 participants representing every region of the state. Participants organize themselves into teams, based generally on company or organizational affiliations, then craft and implement their own strategies for making lifestyle changes. In the meantime, Shape Up organizers send participants weekly dietary tips, program updates, special gift certificates, and more.

Of those 12,000 participants, says Shape Up vice president, Michael Pimental, more than 10,000 are women, like members of the all-female team

SHAPE UP RHODE ISLAND 2008

12,000 participants
1,300 teams
participants from all 39 towns and cities in RI
more than 10,000 female participants
total pounds lost: 29,913.2 lbs (15 tons)
total exercise hours: 336,351.3 hrs (38 years)
average weight loss: 7 lbs
average exercise hours: 4.8 per week



Thundermist South County-Team 1. The team is affiliated with Thundermist Health Care, a health care provider with locations in South County, West Warwick, and Woonsocket.

She Shines had an opportunity to talk to Thundermist associate and team leader Jennifer Nappi about the benefits of Shape Up Rhode Island.

How has being a part of team Thundermist South County helped you and your colleagues? "We've all developed lifestyle changes and we've become more motivated."

How would you describe the dynamic of an all-female Shape Up Rhode Island team? "We're more comfortable with each other and we can talk about it (our health and body issues) more."

Do you think it's important for health professionals to lead an active lifestyle? "We can't expect patients to be healthy if we aren't doing the same thing. You have to practice what you preach."

Why would you encourage other women to join Shape Up Rhode Island? "They can adopt lifestyle changes, it's motivational and it's easier to work towards this goal as a team."

Shape Up Rhode Island wrapped up in April and won't kick off again until 2009, but you don't have to wait until then to start getting in shape. Visit their website at www.shapeupri.org for fitness and nutrition tips or for more information on the organization.



Camila Crews is the director of development at the Institute for the Study and Practice of Nonviolence, an organization that provides nonviolent solutions to potentially violent conflicts. She is also the treasurer for Rhode Island Young Professionals, an auxiliary of the Urban League of Rhode Island that fosters personal and professional relationships for young people between the ages of 21 – 40.

photo courtesy of Reza Corinne Clifton

Tips on Diet and Lifestyle

- Dr. Balasubramanian

Be Proactive: Avoid

- Obesity. Some conditions associated with obesity are diabetes, heart disease, high blood pressure, and sleep apnea
- Fast-food chains and the fries and Coca-Cola in high school cafeterias.
- Cigarettes. They are a big risk-factor for coronary artery disease.
- Preoccupation with being bread-less, meat-less, dairy-less, or sugar-less, unless instructed by a doctor.
- Language that is "too confusing." As a doctor/advocate, convey a message of respect when addressing patients and groups.

Be Proactive: Pursue

- See your regular doctor when changing diet and exercise, especially when you are holding a lot of extra weight.
- Ask if you need a referral to a nutritionist, cardiologist, or other specialist.
- Do things like yoga and meditation to help keep the body in shape, and to help with relaxation and stress management.
- Have a "fasting blood glucose check" after the age of 45, and get tested for osteoporosis after menopause.
- Eat in moderation and follow a diet that "favors" whole grains, vegetables, fruits, and protein from chicken, fish and plants. Vegetarians: focus on proteins from plants.
- Tell patients/friends about examples of hope and studies where people find ways to control what can be severe and scary complications.

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Changing Lives

COMMUNITY COLLEGE OF RHODE ISLAND

helping Latinos address AIDS

by Grace M. Rivera

The number of HIV cases among the Hispanic/Latino community is alarmingly rising. In August 2007, the Centers for Disease Control and Prevention (CDC) reported that in 2005 Hispanic/Latinos represented 19% of the 40,608 new diagnoses in the 50 states and the District of Columbia, although they only represent 14% of the U.S. population.

Is this a concern to those of us in New England? It should be: AIDS cases among Latinos are highest in the eastern part of U.S., specifically in the Northeast. In 2005 the proportion of Latinos living with AIDS in the Northeast was 37% and new cases among Latinos were 33%.

The education of the Hispanic/Latino community about HIV/AIDS and the high risk of infection and transmission among its members could lead to early prevention and consequently to saving lives. As healthcare workers, advocates, friends and family, we need to be ready.

Between October and December 2007, Latino Public Radio's *Nuestra Salud* offered Rhode Island's Latino audience a series of programs entitled

"HIV/AIDS: An epidemic in our community." Sponsored by Rhode Island Hospital, the show is hosted by Dr. Pablo Rodríguez. But in this series, a variety of doctors and case workers presented: Karen Tashima, M.D. and Josiah D. Rich, M.D. along with case worker Sonia Gomes and a female client from The Miriam Hospital's Samuel and Esther Chester Immunology Center. With expert insight and advice regarding the HIV/AIDS epidemic, they discussed how the disease is affecting the Latino community – nationally and locally, including teenagers, young adults and women – and what the stigmas attached to it look like within the Latino community.

Among Hispanic/Latinos, women represent one out of every five new cases of HIV. They are seven times more likely to get HIV from having high-risk heterosexual contact and injection drug use. The U.S. Department of Health and Human Services reports that among Hispanic/Latina women, HIV/AIDS is the fourth leading cause of death.

Often times, cultural and social

factors may play a part in the high rates of HIV among Hispanic/Latinas. In particular, it may be difficult to talk about sex or even harder to convince a partner to use a condom. Many women are infected by their husbands and don't even know it.

Socioeconomic factors associated with poverty such as unemployment, lack or inadequate health insurance and limited access to high-quality health care can increase the risk for HIV infection among Hispanic/Latinos. Hispanic/Latinos are more than likely to be given a diagnosis of the HIV disease during its late stages or when they already have AIDS, primarily because they are not accessing testing or health care services when infection is at the early stage.

To reduce the incidence of HIV, the CDC recommends: 1) Normalizing HIV screening as a routine part of medical care, for patients aged 13-64. Universal screening not tied to risk behaviors will help maximize opportunities for early diagnosis in medical settings and reduce the stigma still associated with HIV testing. 2) Maintaining HIV testing as volun-

tary and only with the patient's knowledge. 3) Providing 'linguistically and culturally appropriate HIV prevention services' to transient and recent Hispanic/Latino immigrants. Recent immigrants face additional challenges of social isolation and lack of information about HIV/AIDS, which in turn increases their risk to exposure.

And of course, using Spanish language programs such as Latino Public Radio's *Nuestra Salud* provides a venue accessible to all Hispanic/Latinos whether newly arrived or well-established.

For research on HIV/AIDS, visit www.cdc.gov or www.aids.gov, and visit www.lprri.org for more on Latino Public Radio.

Grace Rivera is a diversity associate with Lifespan Corporate Services. Her article originally appeared in *Diversity@Lifespan*, a regularly published newsletter. To learn about other diversity initiatives at Lifespan, visit www.lifespan.org/services/hr/diversity. photo courtesy of Rivera



Dr. Celia Lescano, a pediatric psychologist at Rhode Island Hospital, and her staff developed a family-based HIV prevention intervention for Latinos. They are recruiting Latino families in Rhode Island with an adolescent between 13 and 18, to receive family based HIV prevention intervention or a family-based general health promotion workshop. For information about this project, Latino STYLE, contact Lori-Ann Lima at (401)793-8075.



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Rhode Island does not have a procedure for certification or recognition of specialization by lawyers.

Estelle T. Barada, left, an Avon Health Fund fundraiser, has her blood pressure measured by Woonsocket Fire Official, Michael Crepeau at the 8th Annual Hearing and Health Fair, Saturday, April 26, 2008. This Minority Health Month event, sponsored by Quota International of Woonsocket and YWCA Northern Rhode Island, was attended by over 200 people, and included cholesterol, glucose, blood pressure, asthma, foot, and hearing screenings as well as information sharing and referrals.
photo by Deborah L. Perry



health status of minorities

“Of all forms of inequality, injustice in health care is the most shocking and inhumane.” - Reverend Martin Luther King, Jr.

Health disparities can be regarded as a 21st century civil rights and racial justice issue. Racial and ethnic minorities in the United States have always experienced disparate health status compared to their White counterparts. Although the health of all Americans has continued to improve in recent decades, racial and ethnic health disparities persist and, in some cases, are increasing. Such disparities can be linked to socio-economic factors, such as reduced access to culturally competent quality health services, delayed disease diagnosis, economic status, race, and ethnicity, as well as institutional racism that exists within the health care industry.
- YWCA USA

Locally:

The YWCA Northern Rhode Island is committed to meeting the health needs of all racial and ethnic minority groups in Rhode Island and eliminating the health disparities that presently exist. Recently the YWCA was designated as a Minority Health Promotion Center by the Rhode Island Department of Health, Division of Community Health and Equity, Office of Minority Health. The YWCA is in the process of developing and implementing health information, health education and risk reduction activities that improve the quality of life and eliminate health disparities for Rhode Island's racial and ethnic populations.

Globally:

The 2007 YWCA World Council meeting held in Kenya focused on women and AIDS. This forum provided a platform to inform, inspire and mobilize women to take leadership roles in response to the feminization of HIV and AIDS globally. Ironically, the USA focuses more attention on the impact that the illness is having in Africa than what it is having in its own nation. In the USA, AIDS is now the number one killer of young African American women ages 25-34. The YWCA is committed to taking a leadership role in advocating for disease prevention efforts including outreach, education, research and training in an effort to reduce this staggering statistic.

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a tale of a mother and a child

depression in pregnant and postpartum women

Who can help?

The National Alliance on Mental Illness maintains a helpline for information on mental illness and referrals to local groups. Call 331-3060 or visit www.namiri.org.

by Christine B. Sieberg, Ed.M., M.A.

Motherhood can and should be a time of great joy. For many, though, the period following birth can be a time of great despair and anguish – those suffering from a condition called postpartum depression.

Hippocrates, the ancient physician and “father of medicine” – and the namesake of the “Hippocratic oath” traditionally taken by doctors – identified a link between mental illness and the “postpartum” period more than 2000 years ago. More recently both significant media attention and substantial research identify the first year after birth as the lifetime peak of psychiatric admissions among women.

Yet postpartum depression is not specified as a separate disorder by the International Classification of Diseases nor the Diagnostic and Statistical Manual of Mental Disorders. In fact, very few studies address the postpartum period, while research on routine medical exams has found that postpartum mood disorders often go undetected for both the woman and her infant.

Women need to be advocates for themselves and their unborn babies and children.

Prenatal depression has been associated with low birth weight. Prenatal and postnatal depression – or maternal stress – has been found to negatively impact a developing child, or perhaps more alarming, that it can be transmitted to the infant in utero. Other studies have shown that preschool children

who have been exposed to pervasive and chronic stress, such as parental depression, have behavioral issues that may develop into controlling ways of interacting with others.

The good news is diagnostic criteria have been developed to assess postpartum depression. There is also research on prenatal depression, and we know that it impacts about 8-16% of new mothers during the first year after childbirth.

Yet we also know that one third or fewer of women with it are ever diagnosed. There is limited research on effective prevention and early intervention strategies, while other studies show that when it is identified, typically fewer than 30% of women who need help actually ever seek the treatment.

Symptoms can be recognized. Women suffering from postpartum depression tend to have more severe symptoms than women who have depression separate from the postpartum period.

Symptoms last at least two weeks and consist of: decreased mood and concentration; sleep and appetite disturbance; fatigue; irritability; guilt; loss of pleasure; indecisiveness; and feelings of worthlessness and despair. Severe symptoms include: paranoia, hallucinations, and thoughts of harming oneself or the baby.

Some women may be more susceptible; all women need to address it.


Certain groups seem to suffer from postpartum depression at higher rates. A recent study published in *Obstetrics and Gynecology* found that in 655 women who were 2 to 6 weeks postpartum, 47% of

Hispanic and 45% of Black mothers reported depressive symptoms compared to 31% of White mothers. Other research shows that, irrespective of race, teen mothers, unmarried women, poorer women and women with decreased social supports are also impacted more.

Discussion of these findings is not to scare women who may be at-risk for or currently experiencing these symptoms. Rather it is the hope that this article will help to empower women to seek help if necessary. Better assessment and screening is needed to ensure that women at-risk are identified and preventive interventions can be implemented. But until then, pregnant and postpartum women who are experiencing symptoms of anxiety and depression are encouraged to speak to their health care professionals. ❖❖❖




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children's health in the summer months

by Dana Wright

The school year may be ending for most kids, but before you know it parents will be immersed in the hustle and bustle of back to school shopping and the anticipation of a child's first day of the new school year. It may seem like September is far away, but the summer months are also a great time to get your child's health status up-to-date.



Ife Rollins, RN and Mary Kay beauty consultant. Photo above courtesy of Rollins and photo below right, courtesy of Wright.

Full-time Mary Kay beauty consultant, Ife Rollins, knows a thing or two about children's health in schools. She is a former nurse at Gordon School in East Providence and in the Boston Public School system. Rollins is also a mother. She can tell you what schools are looking for.

"In order to attend school," she explains, "state law mandates

that a child must have up-to-date documentation of immunizations. Without the first shots, a child will not be allowed to enroll in school". The Rhode Island Department of Health requires children to be immunized at the start of pre kindergarten, kindergarten, and seventh grade.

Rollins explains that one of her roles as a school nurse was making sure each child's health immuniza-

tions were complete. She had the responsibility, for instance, of notifying families' that their child's shots needed to be brought up-to-date. Rollins suggests that by taking the following actions during the summer time, parents could be more proactive when preparing children for a new school year:

- Make sure your child has an annual physical. According to Rollins, "Routine physicals are so important to monitoring the growth and development of children and for early detection of disease."
- Ask the doctor to sign a medication permission slip for any medication that the child may need to take during the school day. If a child leaves home without taking their medication, and there is a back up supply at school with a permission slip signed by the doctor and the parent, the nurse can administer it at the parent's request. Without the prior written authorization from the doctor on record, the nurse will be unable to administer the medication.
- If your child has an inhaler or an epi-pen, this documentation along with the medication must be on file and stored in the nurse's office on the very first day of school.
- Keep a copy of the immunizations and medication permission forms just in case they are misplaced.

Rollins also notes that in certain instances, the shots may have been administered, but the records have not been updated at the school. To save on time and to avoid the hassle of having to request the documentation from the doctor, ask right away and keep extra copies on hand or at home.

In addition to making sure your child's health records and immunizations are updated at the start of school, Rollins says that one of the most significant health issue facing school aged children is their nutrition. She states, "Children need proper nutrition to be able to grow healthy and strong bodies and minds that can think and learn."

In today's busy world, meeting your child's health and wellness needs can often seem overwhelming but in the end a healthy child is a happy child.

For more details about documentation required in Rhode Island Public Schools, visit www.health.ri.gov/immunization or call 1-800-942-7434.




Dana Wright is a graduate of Rhode Island College, where she earned a B.A. in communications. Her community work includes founding the "Access Challenge," a program promoting disability awareness, and consulting for the LEAD Mentoring Program through the National Coalition of 100 Black Women. She has also written and self-published many articles at MakingAccess.com, a website she created to help people locate disability related resources, and she has just completed a children's book about a young heroine who lives wheelchair-assisted.

just sayin'

by Deborah L. Perry

a call for public outcry



In the United States, the leading cause of death among African American women age 25-34 is HIV/AIDS.

If HIV/AIDS were the leading cause of death of White women between the ages of 25 and 34, I guarantee there would be public outcry in this country.

We need to take action now to develop solutions to improve the lives of those living with HIV/AIDS. We need to prevent the future infection of all women and girls.

From the U.S. Department of Health and Human Services; the FDA Office of Women's Health; and the Office of Minority Health, Rhode Island Department of Health:

- Most women (72% in 2005) get HIV from having sex with men and not

using a condom.

- 80% of Asian/Pacific Island women in the U.S. living with HIV/AIDS in 2005 were infected through heterosexual contact.
- American Indians and Alaska Natives in the U.S. have the shortest time between AIDS diagnosis and death.

- The rates of gonorrhea, chlamydia, and HIV/AIDS in RI are higher in African-Americans and Hispanic/Latinos than other minority groups and the overall state population.
- An HIV test is the only way to know for sure if you or someone else has HIV. The three main test types for

HIV are: blood, oral/mouth, and a small cup of urine is tested.

- Free/confidential/anonymous HIV tests are available. To find a HIV testing site, visit www.hivtest.org or call in English (o en Español) 1-800-CDC-INFO (TTY: 1-888-232-6348), open 24 hours a day.



shining

with Dot Chaplin

health outreach

As a peer to peer home health educator, where do you outreach? “The first couple of classes I did were groups of women from the church . . . and in the community, I reach out to relatives and friends.” *Chaplin is a member of St. James Baptist Church in Woonsocket.*

What kind of response do you get when you approach people about their health? “I’m finding now that they talk about health more. In the last few years we have experienced so much of the illnesses and things close at home. People are really concerned about them, so they are opening up more.”

What barriers exist in getting information into the community? “Sometimes it is just the timing or the places . . . We do health fairs. We do screenings. They are so afraid that they are going to be charged something. They don’t have the medical to do it. To get them to understand there are certain things that can get done free.”

What health topics do you find tune people in? “Diabetes and cancer.”

Have you seen any positive outcomes from your outreach? “A mother had been laid off from work and had no health insurance . . . she did go and get the free mammogram.”

career and community

Tell me about your connection to YWCA Northern Rhode Island? “I was on their board a long time before I worked there.” *Chaplin was on the board of directors from 1990 to*

Dot Chaplin was trained as a peer to peer home health educator for YWCA Northern Rhode Island’s Sister to Sister program during its inaugural year.

Launched in 2002, this is a home-based program that promotes cancer awareness among African American and Latina women in the northern Rhode Island community. Educators share key health related information to their peers in a fun and easy to learn format. The goal is to reach, teach, and serve this ethnic population regarding their risks, while focusing on language barriers, education, prevention, detection, and access issues.



interview by Lisa Piscatelli, photo by Agapao Productions

1993. She worked as a public service assistant from 2000 to 2005.

While on YWCA’s board of directors, what issue did you work on? “Helping single women with children.”

Where else have you worked? “I worked at A.T. Cross Company for 18 years. I worked at area banks for 10 years. And the shelter for 8 years - my most rewarding job I ever experienced.” *Her bank jobs and at A.T. Cross Company were in customer service. At the local shelter that services the northern Rhode Island area, she worked as an advocate.*

Of what are you most proud? “Being able to just help people . . . whether it is to give them a meal, or a warm pillow, or information on something they need.”

extended family

Did you always live in Rhode Island? “My parents moved to Rhode Island [from South Carolina] when I was a baby . . . for most of my youth years I lived in Providence.” *Chaplin has spent her adulthood in Woonsocket. She has a sister, a brother, two daughters, and a large extended family.*

Describe your family dynamic? “Everyone in the family calls me Auntie Dot . . . my doors are always open . . . If they was to take a shower, they feel comfortable coming in and doing that.

If they come in and want to get something to eat, they feel comfortable in doing that . . . It’s like a welcome mat is always out for them.”

What were the biggest challenges in raising your own children? “Financially supporting them and also staying active in the community.”

You took care of other children too, right? “I always had children in the home - my own children and I used to babysit for this lady, a single mom struggling like me. She worked the third shift job so her daughter used to spend the night with me. She would pick her up in the morning and then I would go to work . . . I’ve kept other children, most until they became teenagers . . . and these were all single moms. I enjoyed it. I love the kids. I really really do . . . I really feel good about being able to be there for them.”

Do you still take care of children? “Yes . . . I enjoy them. They brighten my day.” *Chaplin’s voice and face lit up when telling me about a preschool boy currently in her care, “He came one day, had this book and said ‘I have to keep this with me everywhere I go because it’s my dream book. I put all my dreams in here.’”*

words of wisdom

If you could speak to your younger self, what wisdom would you share? “I would have developed my relationship with God more.” *Chaplin is 61 years old.*

“In talking with a lot of people about health care . . . somehow the health care [system] has to get the trust back.” - Dot Chaplin



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