

*she*

# Shines™

SPRING 2009 ● FREE

celebrating the aspirations and accomplishments of women

share it  
trust it  
smile

eliminating racism  
empowering women  
**ywca**

published by YWCA Northern Rhode Island ● volume 5, number 1 ● [www.sheshines.org](http://www.sheshines.org)

MINORITY HEALTH: my health, my community's health



**publisher**  
Deborah L. Perry



**editor**  
Lisa Piscatelli



**website administrator**  
Meaghan Lamarre

**contributors:**

*guest editor*  
Reza Corinne Clifton

*writers*

Kalyana Champlain, Ammala Douangsavanh,  
Yvonne Freeman, Lynette Lopes,  
Gayle Maloney, Becky Marquez, Grace Rivera,  
Simone Spruce-Torres and Dana Wright

*photographer*

Agapao Productions

*cover artist*

Simone Spruce-Torres

*She Shines*

c/o YWCA Northern Rhode Island  
514 Blackstone Street  
Woonsocket, RI 02895  
p 401 769 7450, f 401 769 7454

www.sheshines.org, info@sheshines.org

*She Shines* is published four times a year and distributed free throughout Rhode Island and southeastern Massachusetts. All stated opinions are those of the individual authors and not of the publication as a whole. All magazine content, including articles, advertisements, art, photographs, and design is copyright © 2009, *She Shines*, all rights reserved. No portion of this magazine may be copied or reprinted without the written permission of the publisher. *She Shines* is a trademark of YWCA Northern Rhode Island. The circulation for this spring edition is 8,500.

**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 *She Shines* theme. 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, send in the subscription form - available online at sheshines.org. The magazine is also available at YWCA Northern Rhode Island and at various special events.

*minority health*  
**contents . . . share it**

share  
it

- 2 **artist canvas:** "Mama" by Simone Spruce-Torres
- 3 **from the guest editor:** my community's health
- 3 **express yourself:** ways for girls to thrive . . . trust it
- 4 **calendar:** minority health awareness month
- 4 **she spirit:** Lady DUBB - Sata Jallah . . . smile
- 4 **let's talk shop:** herbs & Sakinah Abdur-Rasheed
- 16 **talking points:** minority health extras
- 17 **just sayin':** prevent the spread of HIV/AIDS
- 17 **health for her "community":** free resources
- 18 **shining with:** Yvette Mendez, Northern Rhode Island Area Health Education Center (NRIAHEC), "Education's the key!"

**She Shines interviews:**

- 5 Ana Novais, Rhode Island Department of Health, The New England Regional Minority Health Conference
- 6 Maria Montanaro, Thundermist Health Center, global health project
- 9 Margret Chang, Alpert Medical School of Brown University, refugee health
- 12 Janice Thompson, River of Life Church, mental health and incarcerated women
- 14 Dr. Arelis Valerio, Misotis Alsina, Dr. Kimberly Townsend, asthma
- 16 Dr. Susan Cu-Uvin, The Miriam Hospital, women, menopause, and HIV/AIDS

**in her words:**

- 7 Gayle Maloney, Blue Cross & Blue Shield of Rhode Island, diabetes
- 8 Becky Marquez, Weight Control & Diabetes Research Center, diversity and inclusion in healthcare studies and trials
- 11 Grace Rivera, Lifespan, preconception health
- 13 Yvonne Freeman, Neighborhood Health Plan of Rhode Island, premature birth
- 15 Lynette Lopes, Imagine You, LC, therapy vs. coaching

**special:**  
ywca spring II programs and 2008 annual report



*artist*  
**canvas**

**reflections on art, healing, and love**

by Simone Spruce-Torres

excerpts from *Poem for Mama*

Kenny said it took 26 days  
and Mama was gone.  
26 days.....  
that sticks in my mind.  
26 days of July 2005  
our lives were turned upside down  
once again by Cancer.  
This time by Pancreatic Cancer.  
I found myself doing the same routine  
I did with my brother Donald Ray  
with his diagnosis of Lung Cancer  
2 years ago.  
I checked on her status in the morning  
with the nurse.  
How did she sleep? Does she have pain?  
"Tell her I called," I would say.

Written by Simone Renee Spruce-Torres,  
©2005, in memory of Helen Estell Spruce.



Simone Renee Spruce-Torres knows the healing powers of reflection and expression. Immediate evidence of this is in the above excerpt from *Poem for Mama* and in *Mama* on the cover of this edition of *She Shines*. Spruce-Torres completed the pieces in 2005 and 2006, respectively. *Reflections, Part One* is also the title of the most recent project and exhibit Spruce-Torres completed and displayed in Rhode Island.

Spruce-Torres welcomes the therapeutic benefits that art gives her – and what it can do for others. For twenty-six years, she worked as an art instructor to "at-risk youth" and to adults with various mental, physical, and pathological disorders.

As an accomplished and acclaimed artist, Spruce-Torres has exhibited in the Southeast, Midwest, and Northeast; the work is in both public and private collections.

On June 19 and 20, Spruce-Torres will participate in the American Cancer Society's Relay For Life event at the Dunkin Donuts Center in Providence. She will also have a booth set up for face painting. To support her team or contact her about her work, e-mail srsstudios@yahoo.com.

To learn more about the event, visit www.RelayforLife.org. For questions relating to cancer or to learn more about the American Cancer Society, visit www.cancer.org or call 1-800-227-2345.



# minority health

## my health, my community's health

by Reza Corinne Clifton, guest editor

from the editor

If health in America were reflected in a medical condition, my guess is it would probably be prediabetic. Notwithstanding the “America is sick” belief, there are disparities in outcomes based on race, ethnicity and zip code that simply won’t go away.

How will we ever get there?

Imagine a United States in which chattel slavery ended almost as soon as it started – or at least one in which the end of the Civil War actually ended the practice of discrimination in America.

Imagine a U.S. in which every teacher saw every student as a vessel to fill – with hope, confidence, intellect and ability.

Finally, imagine a U.S. in which every doctor saw in each of her or his patients a person to treat, cure and regard as her/his very own parent, spouse or child.

These are some of the thoughts that stayed in my subconsciousness, from the minute I began considering and selecting the pieces I’d weave into this edition of *She Shines* to the very last period I typed on my screen. A patchwork of contradictions regularly darted through my mind – as well as aloud in interviews and at a conference on Health Reporting sponsored by the National Association of Black Journalists: Insured versus Denied; Specialist versus Attending; Fear versus Prevention; Holistic versus Prescription; Yours versus Ours; Life versus Death.

In this edition of *She Shines*, we focus on both sides of Minority Health. Not what it takes to get to

good health with quality access and what it takes without; what it takes with access, and what it looks like when we all have it. This edition of *She Shines* will help you create your own “action plan” – from examining the rising female incarceration rates through the lens of mental health, as a reminder of what could be our own issue one day, to looking at the potential success rates for all ethnicities and groups when a research study is developed in part by the community.

You see, the question we dare to ask you front and center is “What are you going to do about it?”

At YWCA Northern Rhode Island (publisher of *She Shines*) and RezaRitesRi.com, equitable access is a best practice. We care about the voices and issues of women, people of color, and those from diverse income levels, alternative countries of origin, and other underrepresented groups because it is their inclusion and dignity that make up the fabric from which each of us was founded. But that doesn’t mean we stop there.

In fact, the question is not, ‘what are you going to do about it.’ The question is what are we going to do about it?

What are we going to do to improve the physical and mental health of ourselves and our families? And what are we going to do to improve the physical and mental health of our neighbors?

Remember, act now.

Reza Corinne Clifton’s work can be read and heard at [www.RezaRitesRi.com](http://www.RezaRitesRi.com), [www.VenusSings.com](http://www.VenusSings.com), [www.SheShines.org](http://www.SheShines.org), and on WRIU, 90.3 FM ([www.wriu.org](http://www.wriu.org)). She is an online publisher, freelance writer, and radio producer whose most recent project, *The Rhode 2 Africa*, gained her critical acclaim in the community for her exploration of African communities and cultures that are now based in Rhode Island and Massachusetts. Pieces of the project aired on WRIU, and community events were held in Providence. Interviews, photographs, a video and other information about the project are located on [www.RezaRitesRi.com](http://www.RezaRitesRi.com).  
*Photo courtesy of Clifton.*

Periodically, *She Shines* includes a guest editor in order to increase the diversity of voices inside the publication. For Spring, just in time for April’s Minority Health Month, we focused on Minority Health.

It is the second consecutive year for this theme. As such, Reza Corinne Clifton is welcomed back. Her experience on the topic is evident. She has pulled together a capable team of writers and resources from within our community.

You will notice that the topic of preconception health care is covered. This is a 2009 theme for the Federal Office of Minority Health. At the encouragement of the Rhode Island Office of Minority Health, the topic of mental health is also addressed.

All of these collaborations are appreciated. Readers, your comments are welcome too. Contact *She Shines* via e-mail, [info@sheshines.org](mailto:info@sheshines.org). Share it. Trust it. Smile.



Lisa Piscatelli, editor



### express yourself

The theme for the summer edition is creating opportunities and environments for girls to thrive. For details on how to *She Shines*, see page 2. Submissions are due by April 24.



### subscription form

*She Shines* is a free publication in Rhode Island and southeastern Massachusetts. For a subscription, fill in the form below:

**E-mail to:**  
[info@sheshines.org](mailto:info@sheshines.org)

**Mail to:**  
*She Shines*  
c/o YWCA Northern Rhode Island  
514 Blackstone Street  
Woonsocket, RI 02895

**Name:** \_\_\_\_\_

**Title:** \_\_\_\_\_

**Organization/Company:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**E-mail:** \_\_\_\_\_

**Phone:** \_\_\_\_\_

**Comments:** \_\_\_\_\_

**Optional Donation:** \$ \_\_\_\_\_

All donations to YWCA Northern Rhode Island are appreciated. They help support programming and *She Shines*, a local magazine of women’s issues. Thank you!

april

● **April 4, Women's Retreat:** Meditate, move, reflect, and restore with guided meditations, nature walks and creative movement. At Norman Bird Sanctuary, 583 Third Beach Road, Middletown. Cost \$100. Call 401-261-7062.

● **April 18, YWCA 9th Annual Hearing and Health Screening Fair:** Free hearing and health screenings, health and wellness sessions, nutrition and CPR demonstrations, walking club, information, referrals, resources, and free raffles. 10am-2pm. Elks Hall, Woonsocket. Call 769-7450.

● **April 19, Free, Gifted, and Black:** Jane Lancaster speaks of three African-American Rhode Island women who succeeded despite overwhelming odds - Eleanor Eldridge, Christiana Bannister, and Nancy Elizabeth Prophet. 2pm. South Kingstown Public Library/Peace Dale. Call 401-789-1555

● **April 20, When A Kiss Is Not Just A Kiss:** Bryant University students will perform an interactive theatre piece that looks at sex without consent as well as the role alcohol plays in sexual interactions and sexual misconduct. Free. 5pm. At Rhode Island College Ball Room. Contact Toby Simon, 401-232-6855.

minority health awareness month

● **April 24-May 10, The Thing That Ate My Brain . . . Almost:** Amy Lynn Budd in a performance about the diagnosis of and subsequent living with a chronic genetic condition - combines burlesque dance, puppetry affirming that creativity and curiosity are the best medicine. Thur-Sat 8pm, Sun 3pm. At Perishable Theatre, 95 Empire Street, Providence. www.perishable.org

● **April 25, Health Screenings:** Free. In conjunction with Lao and Cambodian (Khmer) New Year celebration administered through the Women & Infants' Family Van. 11am-2pm. WatLao Buddhovath of Rhode Island (Lao Buddhist Temple), 88 Limerock Road, Smithfield. E-mail: SEAHCinfo@gmail.com.

● **April 25, 2009 African Health Summit:** Health Education Leads to Prevention (H.E.L.P.), 10am-3pm. 445 Elmwood Avenue, Providence. St. Paul's Lutheran Church. Call the Office of Minority Health, 401-222-2901.

● **April 30, Shape Up:** Children explore shapes with yoga stretches and block challenges. 3-5pm. Ages 3-11. At Providence Children's Museum, 100 South Street, Providence. www.childrenmuseum.org

may

● **May 1, Gong Bath Sound Healing Circles:** Four-person ensemble plays the gongs and Tibetan singing bowls for vibrational sound healing, relaxation, and stress release. 7:30-8:30pm. Donation suggested. Bring whatever you need to lie comfortably on the floor. Beneficent Congregational Church, Providence. Call 401-331-9844.

● **May 5, Emotional Wellness Consultations:** A program to address the challenges facing many aging men and women. Begins at 9:30am. Leon Mathieu Senior Center, Pawtucket. Call 401-728-7582.

● **May 7, Breastfeeding Support Group:** Reassuring lessons on feeding. At 1pm. Meets in the Noreen Stonor Drexel Birthing Center at Newport Hospital, 11 Friendship Street, Newport. Call 401-845-1110.

● **May 14 - June 14, Health "Energy Leading to Wholeness":** Encounter yourself as a being of light, creative, energetic and connected to the divine. The picture of true health is having the physical, emotional and spiritual layers of being in perfect, delicate balance. 7-9pm. Women & Infants Center for Health Education, 2168 Diamond Hill Road, Woonsocket. Fee: \$5. Contact 401-276-7800 x114.

● **May 14, Parents Helping Parents Support Group:** For families concerned about children with emotional, behavioral, or

june

developmental challenges. 6:30-8pm. Free. Open to the public. Held in Pine Room at Bradley Hospital, 1011 Veterans Memorial Parkway, East Providence. Call Chris Brown to register 401-432-1205. Free babysitting is available if scheduled in advance.

● **June 10, Mental Health Support Group:** The National Alliance for Mental Illness sponsors a support group for friends and family of people with mental illness. 6:30-8:30pm. Beechwood House Senior Center, 10 Beach Street, North Kingstown. Call 401-294-3331.

● **June 11, Prevention of Domestic Violence and Sexual Assault:** Learn about the public health approach. 10am-12noon. Cost \$20. Register online at www.ricadv.org/calendars or call Anayra Garcia at 401-467-9940.

● **June 16, Diabetes Management & Support Group:** General management and support services plus discussion topics. Bring questions/concerns. Free. 7-8:30pm. South County Hospital Potter Conference Center, Wakefield. Call 788-1135 to register.

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

smile

She Shines visits with Sata Jallah. Interview by Reza Corinne Clifton. Photo by Agapao Productions.



## sights and sounds for the she spirit believe in music and good health

If you follow the local, multicultural live music scene, then it's likely you know who Sata Jallah is - the performer who goes by the name "Lady DUBB (Doing the Unbelievable By Believing)," and frontwoman for the band Rooted Sound. She is also a grassroots leader, who had this to say about mental health needs in her community.

"A factor that I noticed, particularly in the Liberian community, is the fact that a lot of these young people grew up [during] a 15-year civil war in Liberia. And growing up around that violence - some of them who are ex-child soldiers coming here to America - and not getting any type of counseling or any type of resolution with self [can cause involvement in gangs or street violence and distancing from your family.]"

Jallah was a feature performer for Rhode 2 Africa, a program produced in 2008 highlighting locally-based foreign-born or first-generation African musicians and community leaders.

Hear Lady DUBB every Friday at 9:00 PM on 88.1 FM in Providence or online at www.bsrlive.com. ☼☼☼

She Shines visits with Sakinah Abdur-Rasheed. Interview by Reza Corinne Clifton. Photo by Agapao Productions.



## let's talk shop a recipe for better health

Let's face the truth - when some people hear prescription, they immediately tense up. That may not always be appropriate depending on their condition but there has to be a way to meet in the middle. Meet Sakinah Abdur-Rasheed.

Abdur-Rasheed is currently the director of WE HEAL, a traditional healer's collective dedicated to offering traditional healing to anyone who is interested, regardless of their ability to pay.

Abdur-Rasheed began practicing this form of care in 1992, and has traveled extensively to develop the craft. She has studied in various locales down south, including Alabama, Georgia, and the island of Cuba.

Abdur-Rasheed is also in touch with the comprehensive needs of her clients from work with the Campaign for a Healthy Rhode Island and with our state's sister organization, YWCA Greater Rhode Island.

Herbs you find in the natural treatments provided by Abdur-Rasheed include ginseng, ginger root, rosemary, licorice root, and fish oil. For more information or to schedule a counseling session, contact her at sakinah.1@cox.net. ☼☼☼

## many states, one voice

New England Regional Conference to address health disparities

by Reza Corinne Clifton

There are many complaints to be made about the healthcare system, and many targets for pointed fingers. But what happens when an opportunity comes along where you can learn, be heard, and take action? Will you be ready? Will you show your face and project your voice?

One opportunity to answer and act on those questions locally draws closer, with the New England Regional Minority Health Conference: "From Disparities to Equity: The Power to Make Change." Running October 14-16, 2009 in Providence, and the sixth by a group that convenes the conferences every two years, organizers expect participation by more than 600 health professionals, legislators, scholars, employers, community agencies, and grassroots organizations. Organizers like Ana Novais are also calling out to "health care consumers" – the average person.

Novais is co-chair of this year's con-

ference as well as the executive director of the Rhode Island Department of Health's Division of Community, Family Health, and Equity. She is passionate about everyone having access to quality care, and has ideas if you think so too.

"Get involved at whatever level you can," says Novais. "With your school district or PTA meetings if you're a parent . . . in the city council meetings . . . in the senior center." Specifically, she says, "be vocal about what you think health is, and about what you think you should have in your community." It's an easy concept, she says: "Just tell your story."

Novais shares a story with me of how a region with "unconnected bodies" – departments of health, minority health offices, community organizations and individuals – formed a committee to improve public health and health disparities in the region as well individual states and towns.

"The first conference with this partnership was back in 1999," says Novais, who recalls attending the first New England Regional Minority Health Committee event before she worked at Rhode Island Department of Health. She worked at another organization at the time that provided services around healthcare, education, and foster care. And her commute? Not bad, for the debut conference was held in Providence.

Since then the conferences have been every two years, and, to ensure full participation and equal access, their goal is hitting every New England state.

"There is strength in numbers," says Novais, "and we need to connect everyone."

Are you concerned about equal access to healthcare? Not sure how to take the lead or "be active?" If you answered yes to any of these questions, then you'll see Novais in October. ❖❖❖



Ana Novais, co-chair of the 2009 New England Regional Minority Health Conference happening October 14-16 at The Westin Providence, One West Exchange Street, Providence. Event detail are also at [www.nermhc.com](http://www.nermhc.com) or see page 10. For more about Ana Novais and the Rhode Island Department of Health, visit [www.health.ri.gov](http://www.health.ri.gov).

Photo by Reza Corinne Clifton.

# Experience

## Little Moments. Big Magic. Huge Impact!



## Become a Big Sister mentor



**Big Sisters**  
of Rhode Island

Big Sisters is seeking diverse women throughout Rhode Island for our Hermana a Hermana, Amachi and Traditional programs.

[www.bigsistersri.org](http://www.bigsistersri.org) • Call (401) 921-2434 ext 101 or Email: [mentoring@bigsistersri.org](mailto:mentoring@bigsistersri.org)

# from Rhode Island to Central America

## Maria Montanaro's health message is thunderous

by Reza Corinne Clifton



From left, Maria Montanaro visits the Thundermist site in Honduras; Honduras recollections from Donna Needham, a pediatric nurse manager at Thundermist Health Center

in Woonsocket; and Thundermist Hombro a Hombra Clinica in Honduras. *Honduras photos courtesy of Thundermist. Needham photo, middle, by Clifton.*

**W**omen are an integral part of the poverty chain. Therefore addressing their needs is a good place to start.

The next time you are thinking about going to Thundermist Health Center, consider going south. Not to the South County Thundermist site in South Kingstown; “way south of the border,” to their site in Honduras.

The Hombro a Hombro Clinica (Shoulder to Shoulder Clinic) in the city of Pinares de San Luis Centro – in Intibuca, Honduras – is Thundermist’s “new access point 5000 miles away.” At least that is how it is described by Maria Montanaro, MSW, the president/CEO of Thundermist.

But how did a non-profit community health center go global, especially one already serving three communities in Rhode Island – Woonsocket, West Warwick, and South County? And who is Montanaro anyway – besides an adventurer, mountain climber, and recently-learned Spanish-speaker?

\*\*\*

Montanaro was interviewed for the top position at Thundermist in 1997, and she found her selection to be a grand victory. It came after a self-driven and -created career makeover, a repositioning of domestic and family roles, and ten years of paying dues in an almost entirely new field. Three months into what was finally the “right opportunity,” Montanaro was diagnosed with breast cancer.

At the time “we were blowing things up,” remembers Montanaro, for they were relocating the Woonsocket office and primary care center to a new and refurbished location. While desks and equipment had to be moved, Montanaro’s will and desire would not. “I wasn’t prepared to give the job up.”

Crediting her board, employees, and colleagues for the support and flexibility they extended, she describes moving to a 4-day week in year one; it was during her treatment phase. With the flexibility to work from home as well, she squeezed in those days

of work between 4 surgeries, chemotherapy and radiation therapy. Her year two schedule remained the same as she slowly built up her strength during the rest and recovery period of fighting the cancer. The same cannot be said of Thundermist – at least not the “remained the same” part.

\*\*\*

Under Montanaro’s 12 years of leadership – including in those first two – Thundermist has grown in several ways. The employee count has risen from 65 to 200, she reports, while the number of patients served has risen by 17,000. But her biggest addition might be their global health project, which has essentially given Thundermist a fourth site.

“I was interested in starting a global health initiative,” says Montanaro, though she acknowledges that the move was unusual. It was not strange to her, though. In her former career life as a teacher, she had traveled to impoverished regions with students doing mission work with her school-employer. This time she saw aspirations and extractable lessons that could be applied to her work in healthcare.

To accomplish the project Montanaro needed partners, who she found over time in the non-governmental organization Hombro a Hombro (Shoulder to Shoulder) and in the students, physicians and researchers at Virginia Commonwealth University.

\*\*\*

As she describes the partnership in Honduras, it is clear that Montanaro’s interests are not only medical. Thundermist helped introduce the area they serve to a water filtration system, while her Honduran patients helped erect the entire Shoulder to Shoulder Clinic in Pinares. Several of Montanaro’s employees have been one or more times, along with some of her board members,

including one who fell in love during an initial visit. She also says the program is helping to attract and retain staff at Thundermist, and even introduces me to Donna Needham, a nurse who recently returned from one of their “health brigades.”

But Montanaro may, at least momentarily, be most excited about their work with the local young women. “Yo Puedo” is a program Thundermist helped Shoulder to Shoulder set up to help build the esteem and confidence levels of the girls and young women they serve in Pinares. As they did work in the community, explains Montanaro, they noticed women making all of the health decisions. Yet “the power of women” in that community was very low, with many women leaving school after 4th or 5th grade.

But women are “an integral part” of the poverty chain, says Montanaro. Therefore “addressing their needs is a good place to start.” The program emphasizes empowering young women by focusing on the development of skills in group leadership, critical thinking, and problem-solving.

First, says Montanaro, it was transformation with the clinic. “Now it is women’s empowerment.”

And this is not too dissimilar to what Thundermist does – at least as Montanaro explains it. Many of the centers patients are classifiable as low-income, she says, needing services that include and extend beyond health. But primary care delivery at Thundermist, says Montanaro, often means referrals and connections for those issues.

“Empowerment is key” in both locations, she reflects. “It may not be water filtration...but [Thundermist locally] is closing disparities.”

\*\*\*

For more information about Thundermist Health Center, visit [www.thundermisthealth.org](http://www.thundermisthealth.org). For more information about Hombro a Hombro (Shoulder to Shoulder), visit [www.shouldertoshoulder.org](http://www.shouldertoshoulder.org). To learn more about breast cancer, visit [www.breastcancer.org](http://www.breastcancer.org), [www.cancer.gov](http://www.cancer.gov), or [www.mayoclinic.com](http://www.mayoclinic.com).



“People can see a difference by losing just 5 to 10 percent of their body weight.” - *Gayle Maloney, diabetes educator, Blue Cross & Blue Shield of Rhode Island*

#### How To Manage Diabetes

For 13 years, Gayle Maloney has helped people with diabetes manage their condition. When she first started as a certified diabetes outpatient educator, most of the people she worked with were in their 60s and 70s. Now, Maloney says, many are in their 30s and 40s.

“The age is definitely decreasing,” Maloney says, “and the number of people with diabetes is increasing.” More than one in four U.S. adults now have diabetes or prediabetes, a condition characterized by above normal blood sugar levels that often leads to diabetes.

In addition, nearly a quarter of those with diabetes don't know they have it. While some people with diabetes have no symptoms, others may experience symptoms such as frequent thirst, frequent urination, extreme hunger, blurry vision, and an increase in fatigue. “If left untreated, diabetes can lead to serious complications,” Maloney says, “such as vision problems, kidney disease, heart attacks, and stroke.”

As a registered dietitian and health coach at Blue Cross & Blue Shield of Rhode Island, Maloney works one-on-one with members with diabetes over the telephone, to help them avoid these complications and better manage their condition. Risk factors for diabetes include excess weight and a sedentary lifestyle, so eating right and exercising regularly are essential for controlling—and preventing—diabetes.

Blue Cross & Blue Shield of Rhode Island members who are interested in taking advantage of health coaching (available at no additional cost) can call 401-459-CARE (2273).

*Photo and article courtesy of Blue Cross & Blue Shield of Rhode Island.*

## diabetes

### a disease on the rise

#### Six Tips for Managing Diabetes

1. Eat a balanced diet, and work with a registered dietitian to develop a personalized eating plan.
2. Get adequate exercise.
3. Test your blood sugar as recommended.
4. Take prescribed medications as directed.
5. Get all of your regular medical visits and tests on time.
6. Learn all you can about your condition.

Diabetes resources on trends, prevention and treatment of diabetes, dealing with obesity, and eating healthy can be found at the following sites: [www.diabetes.org](http://www.diabetes.org), [www.cdc.gov](http://www.cdc.gov), [www.fda.gov](http://www.fda.gov), [www.health.ri.gov](http://www.health.ri.gov), [www.shapeupri.org](http://www.shapeupri.org), [www.nhpri.org](http://www.nhpri.org), [www.lifespan.org](http://www.lifespan.org), [www.westerlyhospital.org](http://www.westerlyhospital.org), [www.wellnessctr.org](http://www.wellnessctr.org), and [www.westerlyhospital.org](http://www.westerlyhospital.org).

#### High Diabetes Rates for Minorities

Identifying disparities is a first step toward understanding what causes them and what can be done to reduce them.

- Different studies found that African Americans are from 1.4 to 2.2 times more likely to have diabetes than Caucasians.
- Hispanic Americans have a higher prevalence of diabetes than non-Hispanic people, with the highest rates for type 2 diabetes among Puerto Ricans and Hispanic people living in the Southwest and the lowest rate among Cubans.
- The prevalence of diabetes among American Indians is 2.8 times the overall rate.
- Major groups within the Asian and Pacific Islander communities (Japanese Americans, Chinese Americans, Filipino Americans, and Korean Americans) all had higher prevalences than those of Caucasians.

*Source: Diabetes Disparities Among Racial and Ethnic Minorities. November 2001. AHRQ Publication No. 02-P007. Agency for Healthcare Research and Quality, Rockville, MD. <http://www.ahrq.gov/research/diabdsp.htm>*

## women's center of rhode island

### CELEBRATE MOTHER'S DAY

This year for Mother's Day show that special woman in your life how much you care with a gift to the Women's Center of Rhode Island in her honor.

For every gift of \$75-\$99 to the Women's Center of Rhode Island, we will send the “mother” in your life an 8-pack of greeting cards created with artwork from the children residing in the Women's Center's Shelter.

For every \$100 gift or more, The Women's Center of Rhode Island will send the special woman in your life a unique lapel pin created by Designs by Lucinda.

For more information, please visit our website [www.womenscenterri.org](http://www.womenscenterri.org)

To place your order, please contact Barbara Lee at 401-861-2761 or email her at [Blee@womenscenterri.org](mailto:Blee@womenscenterri.org).

Becky Marquez, Ph.D. is a postdoctoral fellow at Brown University/The Miriam Hospital. She works at the Weight Control & Diabetes Research Center in Providence and can be contacted at 401-793-8940 or [bmarquez@lifespan.org](mailto:bmarquez@lifespan.org).

*Photo by Agapao Productions.*



## a community approach to fighting obesity

by Becky Marquez

According to the Eliminating Disparities in Clinical Trials Project, there are key people missing from the life-saving projects, tests, and trials that help inform “better prevention...and treatment methods for disease.” Eliminating Disparities in Clinical Trials Project describes them as “those who bear a disproportionate burden” or “people with low income, the elderly, racial/ethnic minorities, women and those who live in rural areas.” This is often true of behavioral studies as well. Take those on obesity.

**One size does not fit all.** Latinos and African Americans are the largest ethnic minority groups in the United States. And while the whole country is facing the obesity epidemic, these two groups have higher and more rapidly accelerating rates of obesity, particularly among women (though women of all races are more affected than men) and children.

Although obesity-related health conditions such as type-2 diabetes are more prevalent in minority communities, minorities remain largely underrepresented in obesity research. Even when minorities do participate in weight control studies they tend not to fare as well as their white counterparts.

**Knowing what works.** Today, researchers are making efforts to develop weight loss programs to better address the unique needs of minority communities. One person who is especially interested in behavior and lifestyle is Dr. Rena Wing, the director of the Weight Control and Diabetes Research Center in Providence. Wing ran the Diabetes Prevention Program, a national study that found that lifestyle treatment produced significant weight loss and that

even modest weight loss reduced the risk of developing diabetes among different ethnic groups. Lifestyle treatment of obesity means that to promote behavior changes that support healthy eating and increased physical activity, you focus on skills such as self-monitoring, goal setting, and problem solving.

**Learning from the community.** To help inform the development of a behavioral weight loss program for Latinos and Latinas in the area, I administered a bilingual survey at various community organizations across Rhode Island. The surveys were followed up with group discussions on weight loss strategies and perceived barriers to weight loss.

The majority of survey respondents were overweight or obese women. Although most had not participated in a weight loss program before, interest in a weight loss program was very high, and their preference was for a program that they could attend with a female friend or family member. Additionally, disease prevention and improved health were reported as the most important reasons for their interest in weight loss. During group discussions, however, individuals often expressed low confidence in their ability to lose weight because they believed they could not stick to a diet that did not include their “rice and beans.”

**Community-informed research.** Using the responses from the community survey, I developed a recent pilot study based on Wing’s Diabetes Prevention Program called the Comadres Weight Loss Program. To test whether weight loss could be improved for Latinas through their participation

with a female partner, we recruited 27 women to a twelve-week program where they attended group sessions either individually or with a female partner.

The program emphasized health benefits associated with healthy eating and activity to foster motivation. Nutrition education, for instance, focused on portion control and modified cooking methods for cultural foods to encourage continued consumption of traditional meals. We specifically discussed and showed how calories and fat could be reduced by more than half without sacrificing the taste of foods. For example, in a cooking demonstration, sweet plantains and empanadas were baked instead of deep-fried and flan was prepared with less sugar and nonfat dairy instead of whole fat. In their evaluations of the program, women commented that they felt part of a “family” and appreciated that they could still eat “Spanish food and lose weight.” Some women lost as much as 20 pounds.

**Women help us better serve the Latino community.** Researchers are making efforts to improve inclusion of minorities in clinical trials.

Locally, we will examine the Comadres feedback and weight loss results to assess the program’s effectiveness and participant acceptance. And if necessary, we will make improvements – for Latinos and minorities in the community today, and for those in the community tomorrow. ✨

For additional information about Eliminating Disparities in Clinical Trials, visit [www.bcm.edu/edict](http://www.bcm.edu/edict).



As of 2000, according to data compiled by the Southeast Asia Resource Action Center (SEARAC), there were 1,814,301 individuals in the U.S. who reported one or more of the following ethnic/racial designations: Cambodian, Hmong, Lao, and Vietnamese. Of that number 11,043 were in Rhode Island.

The United Nations' World Refugee Day is observed on June 20 and honors refugees' courage, strength and determination. For local information or event information, visit International Institute Rhode Island, [www.iiri.org](http://www.iiri.org).



"The wars and refugee experience have everything to do with the severity of the health issues affecting the Southeast Asian community." - Margret Chang, medical student, Alpert Medical School of Brown University

# healthy Southeast Asian communities

## a strategy for refugee health

by Ammala Douangsavanh

The wars in Southeast Asia may seem miles and decades far removed, but their effects remain profound, enduring, and borderless. That is because millions of Cambodians, Hmong, Lao, and Vietnamese perished amidst the atrocities of the Vietnam War, the U.S.'s bombings or "Secret War" in Laos, and the genocidal "Killing Fields" in Cambodia under "Pol Pot's" Khmer Rouge. Millions more suffered tremendous trauma loss and isolation in "re-education" and refugee camps or migration to the West.

What does this have to do with health in Rhode Island?

Thousands of Southeast Asian widows or widowers, orphans, and families resettled in Rhode Island beginning in the 1970's, with over ten thousand Cambodian, Hmong, Lao, and Vietnamese reported in the 2000 census. And according to Margret Chang, a third year medical student at Brown University's Alpert Medical School, "The wars and refugee experience have everything to do with the severity of the health issues affecting the Southeast Asian community."

In a community where there are very few words, if any, to adequately describe conditions like Post Traumatic Stress Disorder and depression, and where illness is just as easily attributed to spiritual or karmic reasons, as biological ones, mental health

issues and chronic diseases in the Southeast Asian community are compounded by many factors that impact access to healthcare.

"Many Southeast Asians continue to be haunted by memories from their past. What they endured is unimaginable to me. Many were tortured, starved, and made to witness violence directed at themselves or their loved ones." To this day," says Chang, "these experiences have stayed with the community and have formed the basis for mental health problems such as Anxiety, Depression, and Post Traumatic Stress Disorder."

Prior to moving to Rhode Island, Chang was a Research Fellow at the Centers for Disease Control and Prevention, where she studied the growing epidemic of Type 2 diabetes in the Southeast Asian population. It was there that she discovered an alarming connection. "What struck me most," she reflects, "was how closely cultural and historical factors were connected with the high rates of disease in that population."

In Chang's view, it seemed that "very little was being done to educate the Southeast Asian community and their healthcare providers about the burden of diabetes and other chronic diseases" or their possible connection to past trauma. She noticed trouble in some providers' abilities to properly diagnose and treat this population and key factors from the community's side: poor acculturation, poverty, lim-

ited English proficiency, and other cultural barriers.

What can be done, and why does it matter?

The ongoing story and struggle of Southeast Asians is broadly pertinent in Rhode Island given the continued resettlement of refugees from other distressed countries like Somalia, Burma and Iraq. Says Chang, "One of the most important lessons for the medical profession is that we need to think more carefully about the long term health of refugees."

She stresses the importance of providing health education and resources to incoming refugees, and believes community organizations and social service agencies can help immensely by providing support to help bridge the gap between provider and patient.

For Chang personally? She says she was drawn to Brown because of its reputation for being community-focused. She is studying to become a primary care physician and is interested in continuing to serve immigrant and refugee populations. "Maybe it is my own background as a child born to immigrant parents that makes me attracted to this type of work, but I know I will always try my best to help medical providers understand the populations they serve, regardless of differences in background or culture."

See page 16, for information on the Southeast Asian American communities and domestic violence.

**We're all in this together**

Crime prevention is your call.

**769-4444**

**Anonymous Tipline**

**24 hours a day, 7 days a week**

Years of loud music catching up with you?

**Jodi L. Glass, Au.D.**  
Doctor of Audiology

featuring **SIEMENS** Hearing Instruments

For complete audiological services statewide  
jglass53@aol.com or 401.575.9951

**www.glassaudiology.com**



Ammala Douangsavanh is a Lao-American student, majoring in Communication Studies and Sociology at URI. Photos by Agapao Productions.

Eliminating Racial and Ethnic Health Disparities by 2010

# From Disparities to Equity: The Power to Make Change

New England Regional Minority Health Committee presents the 6th

## New England Regional Minority Health Conference

October 14, 15 & 16, 2009 • Westin Hotel • Providence, RI

### Conference Overview:

The 2009 New England Regional Minority Health Conference's mission is to create a dynamic forum to continue developing strategies to eliminate racial and ethnic health disparities. This conference will provide the opportunity to share best practices, build bridges with new partners, influence policy and increase understanding of how racism, oppression and discrimination impact our health care delivery systems.

### Highlights of the Conference:

- Content areas will include: Cancer Control Programs Using Innovative Partnerships, Environmental Health, Transforming Race and Ethnicity Data, Traumatic Brain Injury, Community Health Worker Initiatives, Healthy Neighborhoods, Community-Academic Partnerships, Health Literacy, Genetic Literacy, GIS Mapping Technology, Serving Seniors, Juvenile Justice Services, Oral Health, Workforce Development, CLAS Standards, Women's Health Initiatives, HIV/AIDS and Cultural Competency, and the impact of Racism.
- Connecticut, Rhode Island, New Hampshire, Vermont, Maine and Massachusetts will hold State Breakout Sessions to review their state plans and discuss next steps.
- "Public Health in Action: Seeding the Pipeline" - A special evening event for Public Health School Administrators and Students to discuss collaborations, build networks and share stories about career opportunities in public health. A student networking social will foster mentoring and networking opportunities.



## Early Bird Registration Begins February 25, 2009

For more information on partnering with the NERMHC as a Sponsor or Exhibitor, please contact the Project Manager, Michelle Surdoval, at 207 839 6381, or email [michellesurdoval@yahoo.com](mailto:michellesurdoval@yahoo.com), or go to our website [www.nermhc.com](http://www.nermhc.com).

This project has been partially supported by Award Number R13MD003344 from the National Center on Minority Health And Health Disparities. The content is solely the responsibility of the authors and does not necessarily represent the official views of the National Center on Minority Health and Health Disparities or the National Institutes of Health.

This project has been partially supported by the US Department of Health and Human Services - Region 1 - Office of Minority Health.

To register online visit our website, [www.nermhc.com](http://www.nermhc.com).

Conference hosted by the Rhode Island Department of Health



## preconception health

### first step to a healthy baby

by Grace M. Rivera

**W**hether they are planning or not to have children, women – and their communities – should be educated about the importance of preconception and prenatal care.

Preconception health is not a new concept; it was first mentioned as a prevention strategy more than three decades ago, in the late 1970's. By undergoing preconception care, researchers would find, reproductive-aged women experience better pregnancies, births, and motherhood.

The Centers for Disease Control and Prevention defines preconception care as “a set of interventions that aim to identify and modify biomedical, behavioral, and social risks to a woman's health or pregnancy outcome through intervention and management.” These interventions or strategies can prevent incidences in low birth weight, babies born before 37 weeks, and Sudden Infant Death Syndrome. Yet not only does preconception care improve reproductive health outcomes, it also has the potential of reducing societal costs – like those associated with medical care for newborns and those related to special education. In 1989 the US Public Health Service Expert Panel on the Content of Prenatal Care indicated that the most important visit in prenatal care was the preconception visit.

Although there are many benefits women can reap from preconception attention and the subsequent prenatal care, there is a large portion of the female population that does not have access to either. Low income and/or racially and ethnically minority women of childbearing age have particularly poor access to care because of their socioeconomic status. Since many lack health insurance they seek neither preconception nor prenatal care, and many do not visit a hospital until the moment of delivery.

In order to access early and frequent prenatal care, women need health care coverage and options for quality care within their communities. However, even when samples were adjusted to reflect higher incomes, studies show that the percentage of babies born with low-birth weights to African-American women is much higher than those born to their White counterparts.

Homeless women also experience an absence of pre-

conception health. This fact mixed with their chronic stress is another factor leading to the country's rate of premature births and babies with low birth weights. Homeless women are unable to follow proper nutritional habits, nor are they able to go for follow up visits with a health care provider. They are also exposed more to street violence, while stress can be added if they have to care for other children they may have living with them in the same conditions. Unable to plan or follow a prenatal care regime and due to their social conditions, homeless women are more likely to have babies with low birth weights.

Although widespread interest and guidelines for preconception care were developed, they are not universally available or applied, and work is still being done on a national standard of delivery.

To encourage more widespread engagement, the Centers for Disease Control and Prevention in April 2006 developed recommendations to address preconception care in the United States; they had four main goals. Improve the knowledge, attitudes and behaviors of men and women related to preconception health. Ensure that all women of childbearing age in the US receive preconception services that will enable them to enter pregnancy in optimal health (i.e., evidence-based risk screening, health promotion, and interventions). Reduce risks indicated by a previous adverse pregnancy outcome through interventions during the interconception period, which can prevent or minimize health problems for a mother and her future children. And reduce disparities in adverse pregnancy outcomes.

More programs should be developed in Rhode Island and around the nation for minority women of childbearing age, especially teenagers. The literature should be culturally competent, and in the language of the targeted population. Whether they are planning or not to have children, women – and their communities – should be educated about the importance of preconception and prenatal care. ❖❖❖

For more Centers for Disease Control and Prevention information on preconception health, visit [www.cdc.gov](http://www.cdc.gov).

#### Preconception Resources:

- For information on prenatal and neonatal care, visit [www.marchofdimmes.com](http://www.marchofdimmes.com). While there, download their free Preconception Screening and Counseling Checklist to help initiate discussions with your provider around preconception care.
- Lifespan's A-Z health information resource site has information on prenatal care. This free encyclopedia has information in English and Spanish versions, [www.lifespan.org/adam](http://www.lifespan.org/adam). Type pregnancy care in the search tool.



Grace Rivera is a diversity associate in the Office of Diversity at Lifespan. She writes for the department's newsletter, and contributed to the 2008 Minority Health edition of *She Shines*. To contact her directly, e-mail [grivera@lifespan.org](mailto:grivera@lifespan.org). Photo courtesy of Lifespan.

#### What's Special About Folic Acid?

According to research done by the March of Dimes, “if you take folic acid before and during early pregnancy, it may help reduce your baby's risk for birth defects of the brain and spine. Some studies suggest that folic acid may also protect your baby from other birth defects of the heart, limbs, and face.” Folic acid is found in the following foods: fortified breakfast cereals, lentils, asparagus, spinach, black beans, peanut, orange juice, enriched breads/pasta, romaine lettuce, and broccoli.

## exodus

### women's health, the prison system, and a way out

by Kalyana Champlain

**W**hat if you suddenly fell ill? Where would you go for treatment, and would you go by choice or nomination? Will you drive, take the bus, or have a ride? Or will you be carried away in a police dispatch car to be treated in a county, state, or federal jail?

If you were suffering from a mental health problem, then the likelihood of your facility being jail or prison just went up. If you are a woman with a mental illness, drug addiction, childhood abuse in her past, or difficulties finding work or housing your chances have just gone up higher.

#### **Mental Health and Women's Health.**

According to the Rhode Island Department of Corrections, 15-20% of the state's prison population has mental health issues and 70-80% have substance abuse histories. But what are the issues facing women at the Adult Correctional Institution in Cranston, released women, and women at higher risk of incarceration? Is the criminal justice system helping women with treatment, recovery and reintegration needs? *She Shines* spoke to the multifaceted Janice Thompson, Ph.D to help us better understand the issues of incarcerated women in Rhode Island – from the health and wellness perspective and from the family and community view.

"The prison system," says Thompson, "was designed by men . . . for men." Only recently, she continues, "have we had a high influx of women." Society and the community, she says, is "just getting to the point where they know what to do with the women." And she would know.

Thompson's roles with women in the criminal justice system range from a volunteer inside to an advocate outside, helping with release, transition, and support groups. She is currently a chaplain at the Adult Correctional Institution, and the pastor and founder of River of Life Church in Providence. She is also the executive director of River of Life-Line Ministries, whose Higher Ground transitional residential program serves men and women who come out of jail and prison.

Like the stories captured in written data, Thompson has observed many women with acute and chronic mental health issues. In her experience, at least half of the women who have been incarcerated were persons who used drugs or drank alcohol in excess prior to going to prison, and many ended up being prescribed antidepressants after getting there. According to the Rhode Island Department of Corrections, 57% of incarcerated women surveyed in 2005 reported receiving mental health treatment

"The prison system was designed by men...for men. Only recently have we had a high influx of women."  
- Janice Thompson, Ph.D., pastor, River of Life Church  
Left, photo by Agapao Productions.

Kalyana Champlain, right, is a freelance writer, spoken word poet, and independent recording artist. She is also a graduate student at URI where she serves as instructor for the Communication Studies Department. You can read her poetry and freelance work at [www.SheShines.org](http://www.SheShines.org), [www.ThruTheMuck.com](http://www.ThruTheMuck.com), and [www.RezaRitesRi.com](http://www.RezaRitesRi.com).  
Photo courtesy of Champlain.



in the 12 months prior to their incarceration, while psychotropic medications accounted for one third of the corrections' overall pharmacy budget.

**Mental Health and Family Relations.** Many of the women with mental health problems are suffering trauma and depression due to issues with the men in their life, says Thompson. She cites fathers walking out, rape, and molestation as examples, while national and local data also reveal problems of domestic violence and involvement with criminal spouses.

But issues with families and communities are not put on-hold during incarceration; in fact, their persistence can make mental health problems worse. "In society," says Thompson, "a man who goes to prison is not as shamed as a woman who goes to prison, especially if she is a mother." And according to Rhode Island Family Life Center, almost 75% of female offenders in the state reported having one or more children, while nationally, prior to incarceration, "64% of incarcerated mothers were living alone" with that child.

But it's not only social stigmatization that incarcerated women face, it's the emotional pain of missing and, often, losing their children while in jail. According to authors of "Women in the Criminal Justice System," a 2007 report for the Washington, D.C.-based organization, The Sentencing Project, incarcerated women were "five times more likely than men" to have children removed from their families and placed in foster homes and agencies.

Locally, Thompson draws similar conclusions: "Many families do not have a means to take care of the children," but "if they end up in Rhode Island Department of Children, Youth and Families care it really causes an emotional and psychological disturbance in these women." For many, says Thompson "their children are their status and identity."

Outside of the mother-child relationship, or even if custody remains in the mother's immediate or extended family, another issue is the lack of support that women face as many have estranged family ties prior to prison. At the Adult Correctional Institution, "during visiting hours," explains Thompson, men have "mothers, several girlfriends, homies . . . but the women are left pretty much alone."

#### **Other Problems, Community Solutions.**

Besides the antidepressants used to treat and cope the mental disorders, Thompson sees more women taking hypertension medications. Physical health is a problem, notes Thompson, who notes weight gain and women becoming more obese as effects of their

time in prison. She attributes their high blood pressure in part to stress.

Thompson also emphasizes challenges that women and families face upon release, like housing, employment and access to treatment. They are many of the problems that contributed to their original incarceration, burdens that, untreated, continue to fall on citizens and the state: "Our homeless population is extensive here in this state," says Thompson, "and the released prisoners contribute greatly to that." But Thompson is not waiting for someone else to step in; she is about contact, outreach and faith.

As a chaplain at the Adult Correctional Institution she provides counseling to those of different religions and faiths, but in the community her Christian faith guides her additional work. Through her Higher Ground program and its new "Exodus" initiative, Thompson addresses six areas of living that correlate with adjustment for men and women coming out of prison: family ties, employment, education, health, spiritual values, and community ties.

She feels the most important thing for women returning to communities is that they find support, especially from family. She even has some Exodus participants, before release, "sit[ting] . . . and confront[ing] honestly exactly what their relationship is with their families." Says Thompson, "it may be with the families or without them, but either way it allows them to clear the air and move forward if possible."

And moving forward is the point. According to reporting by the Rhode Island Department of Corrections, "nearly one-third of all women return to prison . . . within 12 months of release." But by providing a foundation inside and out, Thompson helps women – and men – rebuild their lives and deal with life on life's terms.

And that should be the aim for all of us, because a healthy woman – jail-free, incarcerated or released – makes for a healthy community. ✪✪✪

For additional information about Thompson, call River of Life Church at 401-461-0229. For more about incarcerated women/parents in Rhode Island and prisoner mental health issues and treatments, call the Rhode Island Department of Corrections [www.doc.ri.gov](http://www.doc.ri.gov), Rhode Island Family Life Center [www.ri-familylifecenter.org](http://www.ri-familylifecenter.org), or Rhode Island KIDS Count [www.rikidscount.org](http://www.rikidscount.org). For national data on incarcerated women visit [www.sentencingproject.org](http://www.sentencingproject.org) for The Sentencing Project or [www.jhsph.edu/wchpc](http://www.jhsph.edu/wchpc) for the Women's and Children's Health Policy Center. For additional talking point statistics on women involved in the criminal justice system, see page 16.



## education

### a way to prevent and address premature births

by Yvonne Freeman

**P**rematurity. Who would have guessed that this simple word would have a meaning so profound and significant to the lives and futures of our babies?

But what is prematurity? Prematurity is when an infant is born before 37 weeks and weighs less than 2500 grams; if possible, a woman should carry her baby for up to 40 weeks. Babies that are born premature (or preterm) are so fragile that they require immediate emergency care and numerous specialized treatments.

Prematurity is known to be a killer of babies in their first month of life as well as into the first year. These babies are born too early, and, put simply, have not finished developing fully.

The long-term medical care needed for these babies can be extensive and bring financial costs well beyond families' abilities and incomes. Other health problems associated with preterm births include cerebral palsy, mental retardation, and learning disabilities. It is an important public health issue that impacts the well being of communities of all cultures and across all nations.

Who is truly affected by premature births? In the United States it is the leading cause of death in the first month of life, and the second in the first year. African Americans are disproportionately affected by premature births, as well as by very preterm births. And according to the Department of Health, Native American women have the highest percentage of babies with low birth rate. Across cultures prematurity and infant mortality rates have continued, despite targeted efforts toward prevention.

The mystery of preterm births is that it can happen to

any mother and infant. In fact, it is the country's leading obstetric problem impacting both mothers and babies according to March of Dimes, a nonprofit dedicated to resources on pregnancy and baby health. However, there are factors that have been identified, that may provide warnings to women at risk for delivering a premature baby. They include drug and alcohol use, smoking cigarettes, poor weight gain and domestic violence – especially during pregnancy.

What can we do? What should we do? One strategy is engaging media, to appeal to the targeted population. This could be achieved, for instance, through television and radio ads and billboards on highways and local streets.

But education and policy-changes have to happen as well. Cessation programs for smoking and alcohol and drug use will need to become part of the prenatal reimbursement packages that most vehicles for health coverage lack. Public health organizations and advocates must also provide information and resources on early prenatal care to women of childbearing age and communities. They must also emphasize awareness of the factors that place mothers at greater risk for delivering a baby prematurely.

And since smoking and drugs can also damage the father's sperm – and what he passes on during fertilization – education should take place in settings that include young men. Lessons should include awareness about how use of alcohol, nicotine, and illicit drug use can compromise a fetus when pregnant, and should focus on comprehensive sex education.

And even after all of that there will still need to be more, because it is time to fight for the futures of our babies.

Yvonne Freeman, RN, works at Neighborhood Health Plan of Rhode Island, as an obstetrical nurse and adult team leader for case management. She also helps run a program designed to increase the frequency and quality of prenatal care to high risk and minority populations. Freeman is currently in graduate school, and is active in The National Black Nurses Association. To reach her at Neighborhood Health Plan of Rhode Island, visit [www.nhpri.org](http://www.nhpri.org) or call 401-459-6000.

Prior to building her career and social standing, Freeman gave birth to a preterm son while living with her family on the streets and in abandoned buildings of Providence. Her story was recently featured in *The Providence Journal* and on [www.projo.com](http://www.projo.com). *Photo by Agapao Productions.*

#### Talking Points

- Higher percentages of all minority mothers received delayed prenatal care compared to the White and overall state population. Native Americans and Asian & Pacific Islanders have the most delayed care.
- Native Americans have the highest percentage of infants with low birth weight.
- African Americans have the second highest percentage of infants with low birth weight, but the highest infant mortality rates compared to all other groups.
- Hispanics/Latinos have the highest percentage of mothers with less than 12 years of education compared to all other groups.

*Source: 2007 Minority Health Fact Sheet by the Rhode Island Department of Health, Office of Minority Health.*

## breathing easier in Rhode Island

a tale of two ways to improve your child's asthma

by Dana Wright

Imagine seeing your child coughing. Now, her cheeks are turning red, her face flushed, and her breathing suddenly becomes too difficult for her eight year-old body to handle. Only five minutes ago you and your family were enjoying the warm and sunny weather, sitting by the pool at another summer weekend barbeque. Now, you are frantically rushing your daughter to the emergency room looking for answers. After a thorough examination, a review of your family history, and emergency treatment at the hospital, you soon learn that your daughter has been diagnosed with the disease most commonly referred to by one word: asthma.

One person regularly diagnosing asthma is Dr. Kimberly Townsend of 'Pediatric Associates' in East Providence. She has been practicing medicine there since August of 1996. When explaining the disease to a child and his/her family, Townsend tells them that, "asthma is a disease of the breathing tubes in your lungs."

But that might be the easy part. "The linings of the tubes swell and fill with mucous," she'll continue, with "the narrower, clogged tubes mak[ing] it hard to breathe."

As scary as this may sound to children and their parents, there are medications and various ways to prevent what is usually referred to as an asthma attack. There are generally two types of medications: if a child has a mild diagnosis Townsend will prescribe a "rescue" or fast-acting medicine like albuterol; the other type is a controller or daily medicine (ie, Pulmicort, TM and Advair, TM), which she will add for patients with moderate to severe asthma.

Children are being diagnosed with asthma as early as infancy if there is a family history of the disease and repeated episodes of wheezing. Currently there is no official cure, and death can result if symptoms are mishandled, left untreated, or extra acute. But Townsend stresses that children with asthma can lead very productive lives, and contrary to popular belief, she says that children with asthma (like all children) are encouraged to play sports.

"If the child's asthma is well controlled there should be no problem participating in sports," she

says. On the other hand, if the child's trigger is weather-related, such as pollen or cold air, she says, outdoor sports may have to be monitored in association with peak seasons. But all children diagnosed with asthma will have certain triggers that effect breathing or the likelihood of having an asthma attack.

Besides cold air in the winter months, pollen in the spring and fall, and humidity in the summer, other triggers come from allergies – to certain foods, dust, pet dander, mold, chemicals, and strong fragrances. Smoke – from cigarettes, pipes, and cigars – is a common trigger as well, and one that Townsend does not treat lightly.

"The most important thing that family members can do if they have a child with asthma, is to quit smoking," she says. Dispelling another common belief Townsend further clarifies, that even taking it outside "doesn't completely eliminate the irritant of smoke."

If children and their families know and "monitor these items daily," she explains, "they can detect an asthma attack coming on earlier."

And that information is critical here in Rhode Island, where some estimates have us ranked in the U.S. as third for having the highest rates of asthma. Armed with this information and their own observations, asthma and medical professionals have made asthma education a priority. Townsend's approach in her office and exam room is one way to do it; another way can be seen at Hasbro Children's Hospital.

There, the free-of-charge, community-focused asthma education program, "Draw a Breath" has been running since 1998, with support from CVS/pharmacy since 2000. The program consists of classes to instruct families and children on how to control their asthma. Two professionals in particular are making a significant impact in the lives of families with children diagnosed with the disease: Dr. Arelis Valerio and Miosotis Alsina.

You see today Draw a Breath mostly serves the Hispanic community, having the highest rate of clients at 65 percent. Therefore armed with their Hispanic background and bilingual vocabulary, Valerio and Alsina serve this group and others. Many may not otherwise have had the opportunity or com-

fort-level to receive this kind of asthma education.

Alsina's strengths include her background in early childhood education, which allows her to comprehensively educate families in an age- and developmentally appropriate way. Valerio is herself a physician, but it is her empathy that makes her presentation and authority so powerful: not only does she have asthma, but her only son has been diagnosed with it as well.

Valerio and Alsina report a significant change in the families from the time that they begin classes, to completion of or exit from the program. Parents become more aware of the severity of the disease and children gain a better understanding of their triggers. This may in part be from the materials they provide, like the "Peak Flow Meters," and auxiliary "spacers." But, as under Townsend's care, parents also become better informed about medications and dealing with triggers.

And from conversations about asthma in exam rooms, to presentations targeting families in the community, educating families isn't just a matter of tips; it's a matter of saving lives. ❖❖❖

To contact Dr. Townsend at Pediatric Associates, call 401-438-6888. For more information about CVS/pharmacy Draw A Breath (in English or Spanish), please call 401-444-8340 or visit [www.lifespan.org/services/asthma/programs/drawabreath](http://www.lifespan.org/services/asthma/programs/drawabreath). For tips on preventing asthma attacks and trips to the emergency room, see page 16, talking points.

Dana Wright is a published children's author, whose first book was recently made available on [www.Amazon.com](http://www.Amazon.com). "Nia Can" is the first in the series called "Rollin with Nia," about a typical eight-year old girl who also happens to use a wheelchair. She is also an active member of the local and national community, through her work with the Rhode Island chapter of The National Coalition of 100 Black Women, and through her national advocacy around disability awareness. To contact her or read her other work, visit [www.makingacess.com](http://www.makingacess.com).



Photos from left, Dr. Arelis Valerio, Misotis Alsina, Dr. Kimberly Townsend. For information about racial/ethnic disparities in asthma visit [www.childrensdefense.org/healthychild](http://www.childrensdefense.org/healthychild). Additional information about asthma can be found at: The American Academy of Pediatrics, [www.aap.org](http://www.aap.org); American Academy of Allergy, Asthma & Immunology, [www.aaaai.org](http://www.aaaai.org); American Lung Association, [www.lungusa.org](http://www.lungusa.org); Allergy and Asthma Network, Mothers of Asthmatics, [www.aanma.org](http://www.aanma.org); Asthma and Allergy Foundation of America, [www.aafa.org](http://www.aafa.org); Centers for Disease Control and Prevention, [www.cdc.gov/asthma](http://www.cdc.gov/asthma); and Environmental Protection Agency, [www.epa.gov](http://www.epa.gov).

Left photo, courtesy of Valerio. Photos of Alsina and Townsend by Agapao Productions.



# getting the help you need

## African Americans, therapy, and life coaching

by Lynette M. Lopes

Lynette M. Lopes  
life coach  
Imagine You, LC

Photo courtesy of Lopes.



**A looming hidden health concern facing the African American community is the failure to address mental health.**

Stigmas associated with psychological disorders, coupled with mistrust for medical practitioners and institutions in general, inhibit African Americans from seeking help addressing this area of care. In addition to psychiatry and psychology, these stigmas blind some from seeing the value of the field and practice of life coaching.

A typical issue tied to cultural dynamics is a community – or individual’s – expectations that a person overcome difficult life challenges alone. An inability to handle these things is viewed as weak, and seeking comprehensive help taboo. Fear of the unknown is another obstacle. But you can get past this if you or a loved one needs help.

As you seek assistance, one of the most important things to remember is always asking questions of a potential service provider. This is especially true if you want to work

with someone who is culturally competent, and whether you are seeking support from a counselor, psychiatrist, or life coach.

People frequently ask, “What is coaching and counseling all about and what will happen to me if I seek help?” A first question many pose, though, is “What is the difference between a life coach and a psychologist?”

While there are many similarities, two areas illustrate the differences between professional life coaching and psychiatric therapy or counseling. Psychiatry and counseling address “unresolved issues” from the past that need to be identified and explored before emotional healing, future resolution, and health functioning; in life coaching we consider and enhance the skill-set and abilities of a client where he or she is presently to meet her goals and acquire new talents. A life coach depends on the client’s learning, priorities and inquiries, while the therapist often relies, in part, on experience and research addressing a set of issues.

Both approaches require time from each

side – client and provider – to build trust and achieve life- changing goals. The investment is worth it, though, for a healthy mind is the doorway to a sound heart, spirit and body.

Take control, and seek the support you need to live an authentic fulfilling life.

Lynette M. Lopes has been a trained life coach since 2000, with a certificate from Coaches Training Institute. She is also the owner of her own coaching firm, Imagine You, LC (life coaching). To reach Lopes and find out more visit [www.imagineyoulc.com](http://www.imagineyoulc.com), call 401-421-5085, or e-mail [lynette@imagineyoulc.com](mailto:lynette@imagineyoulc.com).

For information in Rhode Island on depression or other mental health and addiction services, visit [www.butler.org](http://www.butler.org) or [www.RInetworkofcare.com](http://www.RInetworkofcare.com). For national information, visit [www.nimh.nih.gov](http://www.nimh.nih.gov), [www.mentalhealth.samhsa.gov](http://www.mentalhealth.samhsa.gov) or [www.women-health.gov/mh/resources](http://www.women-health.gov/mh/resources).

According to the National Mental Health Information Center, there are other alternative approaches to mental health care. Some of these included pastoral counseling, animal assisted therapies, dance and music therapy, yoga, meditation, and massage therapy. For more information, search “Alternative Approaches to Mental Health Care” at [www.mentalhealth.samhsa.gov](http://www.mentalhealth.samhsa.gov).

### LISTEN TO THE STORIES OF WOMEN WHO MAKE A DIFFERENCE

**DEB RUGGIERO**

Host/Creator of Award Winning Radio Show **AMAZING WOMEN**

- 2008 Associated Press Award Public Affairs
- 2007 & 2005 Metcalf Awards for Broadcast Diversity



Sunday Mornings

8:30am on 630 WPRO AM and 99.7 FM

6:30am on 92 PRO FM

6:00am on LITE ROCK 105

Online Anytime

[www.amazingwomenri.com](http://www.amazingwomenri.com)

Amazing Women who make a difference in our community in education, healthcare, business, politics, and the arts. It could be YOU or someone you know!

**Myth #3: I can quit smoking weed any time I want**

**...get the truth**

**www.woonsocketpreventioncoalition.org**

Funded by the Substance Abuse Mental Health Services Administration

PREVENTION EDUCATION

## talking points

continued from page 9  
“healthy Southeast Asian communities”

According to an Issue Brief on Domestic Violence in Southeast Asian American Communities published by the Southeast Asia Resource Action Center, domestic violence victimizing women and children in Southeast Asian American communities is a large problem that is frequently not discussed. Their paper also focused on women affected by mental and emotional abuse by abusers who themselves are often suffering from the stress and depression “of surviving the Khmer Rouge back in Cambodia.”

Local resources for issues around domestic violence include Destiny House ([www.destinyhouseri.com](http://www.destinyhouseri.com)) and Sojourner House ([www.sojournerri.org](http://www.sojournerri.org)).

continued from page 12  
“exodus”

According to authors of “Women in the Criminal Justice System” a report for the Washington, D.C.-based organization The Sentencing Project, almost 75% of women in state prison had a mental health problem. Almost 25% had a history of a diagnosis. This was compared with the male population, where 55% were found to have mental health problems and a little over 15% had had a diagnosis.

The same imbalance is seen locally, according to a 2007 report by the Rhode Island Department of Corrections: “Gender Responsiveness in Rhode Island’s Prisons.” Their research revealed that “[w]omen involved in the criminal justice system tend to have higher incidence[s] of past physical and sexual abuse by others; mental health problems, especially depression; and daily use of highly addictive drugs like cocaine and heroine than do their male counterparts.”

continued from page 14  
“breathing easier in Rhode Island”

Townsend recommends the following for preventing asthma attacks and trips to the emergency room:

- Children with asthma should get a flu shot each year.
- Patients/children should use their controller medications as prescribed.
- Patients/children should create an asthma action plan with their doctor.\*

*\*An asthma action plan is a step-by-step plan that instructs the child and their parents on what treatments to undergo based on their symptoms or their peak flow reading. Peak flow is a way that children with asthma can monitor their lung function at home. The child blows into a meter that determines their ability to force air out of their lungs.*

## she shines interview

# women with HIV/AIDS now reaching menopause a cause for celebration

by Reza Corinne Clifton

**T**here are not many people publicly excited about menopause, nor do you hear many stories celebrating its onset. But this article is different.

In the context of advances in treating HIV/AIDS, caring for women with menopause is great news. And not having all the answers is exciting. At least that is one’s sense when talking to Susan Cu-Uvin, MD.

Cu-Uvin is known for “devot[ing] 100% of her time to HIV related care and clinical research.” She is director of the Immunology Center at The Miriam Hospital and co-director of an arm of the Center for AIDS Research at Miriam that focuses specifically on women and AIDS. The Center for AIDS Research is a collaboration between Lifespan, Tufts University in Massachusetts, and Brown University in Providence. She also serves at Brown as professor of obstetrics, gynecology, and medicine, and is director of research at the Brown/Women and Infants Hospital Center of Excellence in Women’s Health.

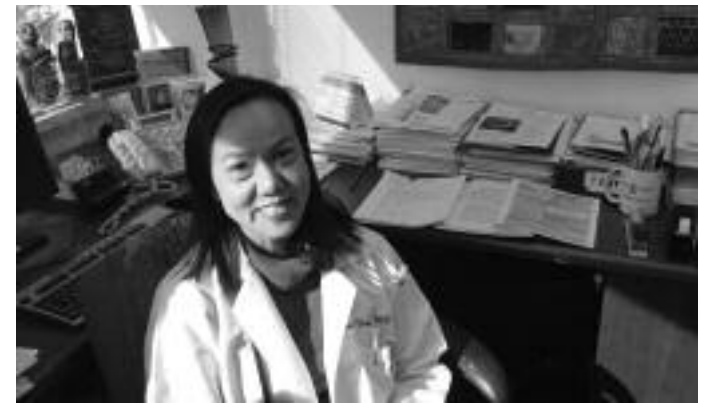
Cu-Uvin – who was born, raised and educated in the Philippines – also does AIDS work through the Centers for Disease Control and Prevention, and internationally, for instance in Cambodia, India, and her home country. This should come as no surprise, though, for she has been in the field since the early nineties.

The late 80’s was a time, recalls Cu-Uvin, when most attention and research was on gay men and drug users. When she arrived at the Center for AIDS Research early in the next decade, she explains, it was to join Dr. Charles Carpenter, a national pioneer on “the manifestation of HIV in women.” He wanted a specialist in obstetrics and gynecology. After only three months, Cu-Uvin began seeing the void she was filling.

Women with HIV face a lot of ob/gyn issues, says Cu-Uvin, with many “regular” specialists “too scared” to treat them. Listing off a few examples, she cites yeast infections that recur more frequently, herpes outbreaks that last longer, and higher risk of cervical diseases and cancer.

Cu-Uvin says it is important to understand the connection between HIV and women’s health; consequently, she accepted an offer to stay after her original project ended.

Today, Cu-Uvin has updates that fluctuate between disappointing, disconcerting, curious, progressive, and proud. “We are failing miserably at catching people with



“The battleground to beat HIV/AIDS is in the community. By the time they reach us it’s too late.” - Susan Cu-Uvin, MD, director, Immunology Center at The Miriam Hospital  
Photo by Agapao Productions.

HIV/AIDS,” perceives Cu-Uvin, who thinks lack of testing is a big reason why. “Just because you don’t get tested,” she warns, “doesn’t mean it goes away.” In fact it could be worse, she explains, because if caught too late, the AIDS drugs may not work as well.

On the other hand, says Cu-Uvin, with early testing, comprehensive care and the right medications, people with HIV live longer and reduce risk for transmission. Proof of her point came in 2004, when she opened the HIV Menopause Clinic as an addition to her work at The Miriam Hospital. The purpose of the clinic is to “treat infected women who [are] living long enough to experience the natural side effects of menopause.” In addition to treating patients, it gives Cu-Uvin and her colleagues a chance to answer questions they have about bone density, hormone change, and other changes a woman’s body commonly undergoes during menopause.

Also exciting to Cu-Uvin is the progress reducing mother-to-baby transmission rates. She says the decline began taking place after a collaborative commitment around HIV testing for pregnant women. “Without any treatment,” says Cu-Uvin, “25% of babies will get HIV from their mothers.” That risk can be reduced to 1-2%, she explains, with help from a “constellation” of medical, community and agency resources that connect mothers to important resources. She cites early prenatal care, good retroviral therapy, and information from neighbors and community leaders – like not breastfeeding the baby if you are HIV-positive.

And it’s this final point for which Cu-Uvin is most emphatic. While physicians and researchers drive the pharmacological and birth interventions, she notes, the real campaign is not at research centers like Brown. “The battleground is in the community,” she says. “By the time they reach us it’s too late.”

Visit [www.research.brown.edu/myresearch/Susan\\_Cu-Uvin](http://www.research.brown.edu/myresearch/Susan_Cu-Uvin), for more information about Dr. Cu-Uvin. For information on women and HIV/AIDS, visit [www.fda.gov/womens](http://www.fda.gov/womens), [www.aids.gov](http://www.aids.gov), or [www.cdc.gov](http://www.cdc.gov). For local information and resources, call the Rhode Island HIV/AIDS Hotline at 1-800-726-3010 or visit [www.health.ri.gov/hiv](http://www.health.ri.gov/hiv). For information on where to get free, confidential, or anonymous HIV testing, call 1-800-232-4636 (in English, en Espanol); 1-888-232-6348 (TTY); or [www.hivtest.org](http://www.hivtest.org).





## just sayin'

YWCA Northern Rhode Island is confronting HIV/AIDS among women as part of our ongoing efforts to address racial justice. There is a problem of HIV/AIDS among women in the United States and it is disproportionately impacting minority women. AIDS is the number one cause of death for African American women aged 25-34 (UNAIDS, AIDS Epidemic Update, December 2005). We are losing a whole generation of young women. This is unacceptable.

- Deborah L. Perry  
executive director  
YWCA Northern  
Rhode Island

# a call for action

## help prevent the spread of HIV/AIDS among women and girls

HIV and AIDS are having a devastating impact on women and girls across the United States—particularly among young women and women of color. Women are now 27% of people diagnosed with AIDS, up from 8% two decades ago. More than 6 in 10 new HIV infections among women were among those aged 13-39. Together, Black and Latina women make up 82% of all women with AIDS in the U.S.

Won't you join the YWCA Northern Rhode Island in working to reduce and prevent the spread of HIV and AIDS among women and girls?

What you can do? Learn how HIV can be prevented: Educate yourself and others about HIV and AIDS, understanding both the realities and myths about how the virus is transmitted. Learn the most effective ways of protecting yourself and your partner, as well as ways to reduce your risks of contracting the virus. Take time to talk about prevention practices with your partner before having sex. Helpful information about HIV and AIDS and how to prevent it can be found at [www.womenshealth.gov/hiv/](http://www.womenshealth.gov/hiv/). Get tested for HIV and talk to others about HIV testing: For every five Americans who are HIV-positive, one of them doesn't know it because

she/he has never been tested. Set an example for others by getting tested. Help make HIV testing a routine health practice as the Centers for Disease Control and Prevention recommends. Find a testing site near you at [www.hivtest.org](http://www.hivtest.org). Work to end stigma and discrimination: HIV-related stigma creates an environment where people avoid talking about it, taking steps to prevent it, getting tested, seeking care, or disclosing their HIV status to others. It also leads to practices and policies that discriminate against people with HIV and AIDS. Speak out. Confront stigma and oppose all forms of discrimination against people living with HIV and AIDS.

What YWCA Northern Rhode Island is doing. With grant funding from Rhode Island Department of Health Office of HIV/AIDS and Viral Hepatitis, YWCA Northern Rhode Island is conducting a formative evaluation to determine the HIV/AIDS prevention needs of teen mothers who reside in Woonsocket. The evaluation will be used to determine what prevention message should be, what it should look and sound like, what media venues to use and whether or to use existing materials, and is part of an initiative of the YWCA to raise awareness of HIV/AIDS risk in young mothers.

Photo by Agapao Productions.

## health for her "community"

### free health fair

May 9, 12:00 to 5:00pm  
The Salvation Army  
386 Broad Street, Providence  
Bus 11 to Trinity Square  
*Free food, games, music, and prizes!*

Free information about: STDs and HIV testing, Family Planning, Nutrition, Mental Health Care, Substance Abuse Programs, and Fire Safety.

Fast and Free Check Ups: Blood Pressure, Eye Sight, Lead, Blood Sugar, and Cholesterol.

Sponsors: Student National Medical Association and Alpert Medical School of Brown University

### other resources

- A new initiative is available to help unemployed in Rhode Island access continued health insurance. Visit Lt. Governor's website for details, [www.lt.gov.ri.gov](http://www.lt.gov.ri.gov).
- Free, 24-hour web access for mental health and addiction services in Rhode Island, [www.rinetworkofcare.com](http://www.rinetworkofcare.com) (available in multiple languages).

## FEMINIST MARKETPLACE

located at the shops  
at Coyote's Corner

401-438-7678

Free Shipping  
with this code:  
**She Shines**

[www.coyotescorner.com](http://www.coyotescorner.com)  
[www.feministmarketplace.com](http://www.feministmarketplace.com)



## There are many reasons why you need a will. She's just one.

Susan Gershkoff, Counsellor at Law  
Licensed in Rhode Island and Massachusetts

401-333-3550  
132 Old River Road, Suite 205  
Lincoln, RI 02865





**shining**  
with Yvette M. Mendez

Yvette Mendez is the executive director, Northern Rhode Island Area Health Education Center (NRIAHEC); co-chair, Rhode Island Department of Health's Minority Health Advisory Committee; board member, YWCA Northern Rhode Island; and a board member for the New England Rural Health Roundtable. Her organization has connected with YWCA Northern Rhode Island with their Capacity Building Course and an internship within the YWCA PIP program. YWCA also participated in a NRIAHEC REACT RI program.

*Interview by Lisa Piscatelli.  
Photo by Agapao Productions.*



**What is minority health?** "Minority health, what it means to me is it addresses the health concerns of a specific group or ethnicity."

**What are some of the disturbing health trends happening within our community?** "Some of those things and we hear about it all the time in the news – obesity, diabetes, cardio-vascular diseases, and teen pregnancy."

**Are those the areas in which you are seeking focus right now?** Under both [as an agency and as an individual], my role on the Minority Health Advisory Committee is where I can look at all those things."

**Are there some positives points?** "A couple of exciting things that have happened. Neighborhood Health [Plan] of Rhode Island awarded us a grant to provide scholarships for staff at the community health centers so that they can attend training on cultural competency as well as health interpreter training. That's exciting because they are a huge player in the health care industry in Rhode Island and for them to understand the importance . . . that they are able to help in the elimination of health disparities. Alpert Medical School [of Brown University] teaches their students cultural humility. How to work with an interpreter so when they are out in the medical setting, they have already been exposed . . . for many working with an interpreter to help to transmit the information is a little awkward."

**What do you see as some of the factors affecting health?** "There are many things. I mean from access to care, quality of care, socio-economic characteristics, behavioral risks . . ."

**Personally, what changes would you like to see in healthcare?** "The changes I would like to see . . . universal health coverage. I know it's not simple as many of us would hope. I know it is not a perfect system, but I believe it would be better than what we have currently. People are not able to see a doc-

tor because they can not afford it, lack of access, or not being able to get their medications."

**NRIAHEC is located in Woonsocket. Does your organization address both urban and rural health needs?** "Our organization has only been around since April of 2006, so the first two years I would say was really establishing the structure. We are a 501(c)3 designated by the Federal Government. We have established different programs and we have yet to really make a big impact I would say in the rural health area. But, that is part of the AHEC role and we do have some rural health communities in our catchment area."

**What are the differences in needs from rural to urban settings?** "[Rural] issues around transportation because everything is so far. The [urban] issue that I have been used to working with around patient provider communications is not an issue." "Issue with pharmacy, where the pharmacy is far for residents to reach and then the small mom and pop shops that are there are closing down." "In rural areas things are so far apart from each other, communication and what programs are available are sometimes not known by the community."

**Will you give some examples of the areas you assist with in urban communities?** "Patient provider communications is one of the big things that we help to work on. We also help to provide trainings for individuals who are interested in health careers."

**What inspires your work?** "I have always been attracted to health education."

**What is your educational background?** "I have a bachelor degrees in Justice Studies and Spanish, and a minor in Sociology." "I recently completed the certificate program in nonprofit studies at Rhode Island College and I've applied to the M.P.A. program at URI." "Education's the key!"

**How do you describe the work of NRIAHEC?** "It helps to recruit, train, and retain individuals into health careers."

**What are the health professional shortage areas?** "The geographical areas [for primary care] are Burrillville, Foster, Glocester, Providence, Newport, sections of Middletown, Central Falls, Pawtucket, East Providence, and Northwest Woonsocket." *The purpose of health professional shortage area designation is to identify areas of greatest need and prioritize resources towards those high needs areas. Source: Rhode Island Department of Health Office of Primary Care and Rural Health.*

**Describe the current efforts of the Minority Health Advisory Committee and your emphasis?** "We just had our annual meeting . . . priorities were presented . . . three are my area . . . continuing to focus on the elimination of health disparities . . . facilitating the implementation of the CLAS Standards (Culturally and Linguistically Appropriate Services) . . . and providing training and capacity-building services."

**How old are you?** "34."

**What is your own ethnic background?** "I am Latina, Puerto-Rican, and Dominican."

**What are your professional goals?** "Professionally, I'd like to further develop the agency [NRIAHEC] to a solid business. I think we are definitely well on our way. We are a very young organization. How does it become a staple organization like the YWCA, that's been around for so long? I'd really like to set up the structure for that."

**What do you do for yourself in regard to your own health?** "I struggle with and work at life/work balance . . . I try to get in some me time. I love massages, manicures, and pedicures – little spa days to get away from things."

**"The YWCA stands for a lot of things that I believe . . . it is an exciting group of committed women." - Yvette M. Mendez**

eliminating racism  
empowering women

ywca

YEARS OF EXCELLENCE  
1923-2008

85



spring II session 2009 northern rhode island

### SESSION REGISTRATION BEGINS APRIL 27

Classes begin week of May 3.  
Classes end week of June 21.  
No classes on May 25.

### SUMMER CAMPS

Registration and deposit required. \$5/wk members. \$10/wk nonmembers. Summer camps end August 28. Themes inside.

#### DOODLE BUGS

Mon.-Fri., 9am-1pm, \$100/wk, \$20/day  
Early Birds and/or after camp options for an additional \$6/day (each program).  
Families needing full time care, speak with receptionist regarding childcare options.  
For children age 2 1/2 to 3 1/2.

#### BUSY BEE

Mon.-Fri., 9am-1pm, \$75/wk, \$15/day  
Mon.-Fri., 1-5pm, \$75/wk, \$15/day  
Early Birds and/or after camp options for an additional \$6/day (each program).  
Families needing full time care, speak with receptionist regarding childcare options.  
Children must be ages 3 to 5 and fully toilet trained to participate.

#### KIDS SPORTS CLUB and TWO-RIFFIC DAYS

Mon., Tues., Wed., 9am-1pm, \$60/wk  
Thurs. and Fri., 9am-1pm, \$40/wk  
Early Birds option from 8-9am for an additional \$6/day. For ages 4 to 6.

#### ADVENTURE

Mon.-Fri., 7:45am-5:45pm, \$142/wk, \$29/day. For ages 6 to 12. Half days available, \$15 for a 4 hour day. Groups divided by age. Field trips, guest speakers, cooking, outdoor recreation, sports, and arts/crafts. Other activities: movie making, plays, face painting, scary stories, time in new YWCA computer lab, and visits to the Woonsocket Harris Public Library.

#### JUNIOR LEADERSHIP

Wed. - Fri., 7:45am-5:45pm, \$60/wk  
For students entering grades 7, 8 and 9. Additional days at \$20/day. Half days also available, \$10 for a 4 hour day. As Junior Leaders, in conjunction with staff, campers will monitor children's safety and coordinate activities. Students learn personal responsibility in an intellectually and physically stimulating environment.

### EARLY CHILDHOOD LEARNING CENTER

For an appointment or more details on child care, pre-preschool, or preschool call Mary Anne Deslauriers, Director of Early Childhood Learning Center, at 769-7450. Now open for child care at 6:30am for ages 6 and under.

#### CHILD CARE

##### INFANT/TODDLER

Our philosophy is to provide a developmentally appropriate program for children 8 weeks (6 weeks with pediatrician consent) to 3 years that focuses on a child's individual needs. We provide a safe and nurturing program, parents can rely upon throughout the year. The Early Childhood Learning Center encourages healthy social, emotional, physical, and cognitive development. Licensed by the Rhode Island Department of Children, Youth, and Families.

##### PRE-PRESCHOOL

##### LITTLE LEARNERS

Pre-preschool for children 2 1/2 to 3 1/2 years of age. With a consistent daily schedule modeled after our existing preschool program, children will be offered opportunities for socialization, creativity, and toilet training. Daily schedule includes circle time, songs, storytime, snack, play, and creative projects. 9am-noon. Two, three, or five day options available. Early Birds and Lunch Bunch available. Child care option also available for the afternoon.

##### PRESCHOOL

##### PRESCHOOL

The YWCA preschool is a developmental program for children age 3 to 5. Our philosophy is reflected in a "hands on" approach to learning through interactive experiences with peers, the environment, and adults. Our most important function at the YWCA pre-school is to ensure that each child's first school experience is safe, joyful, and enriching. Two, three, and five-day programs with morning, afternoon, or full day options available. Licensed by the Rhode Island Department of Education.

##### STEPPING STONES

Unique transitional program for children

whose parents are postponing Kindergarten entrance. YWCA Stepping Stones is a developmentally appropriate setting where children participate in a program designed to enhance growth and development socially, emotionally, cognitively, and physically. Small class size (maximum 15) allows for much individual attention and teacher/peer involvement. Program meets Mon.-Fri., 1-4pm. Licensed by the Rhode Island Department of Education.

##### EXTENDED DAY PROGRAMS

The YWCA offers extended day programs to help accommodate a parent or guardians' schedule.

##### EARLY BIRDS

Children enjoy morning activities in a classroom environment from 8-9am and then are escorted to their respective classrooms. \$6/day

##### LUNCH BUNCH

Children eat lunch in a social environment then are offered center activities to enjoy from noon-1pm. Lunches are brought from home. \$6/day

##### AFTER PRESCHOOL CARE

Children are engaged in age-appropriate activities including gross motor play in playground from 4-6pm. \$6/hour/day.

### APPLE YOUTH ENRICHMENT

The APPLE curriculum includes Academics, Physical education/recreation, Prevention, Leadership, and Empowerment.

For more details or an appointment, call Nathan Smith, Youth Enrichment Program Director, at 769-7450.

##### YOUTH ENRICHMENT

Our philosophy is to provide a developmentally appropriate program for children in Kindergarten to age 15. The program focuses on a youth's individual needs. We provide a safe, nurturing, and enriching program, which parents can rely upon throughout the year, especially after school, school vacations, and during the summer. Program encourages healthy social, emotional, physical, and cog-

nitive development. Licensed by Rhode Island Department of Children, Youth and Families

##### AFTER SCHOOL

For students attending any Woonsocket elementary school (public or Catholic) and the Woonsocket Middle School. Program is offered Mon.-Fri., 2-6:30pm (3 day minimum) for \$17/day. Children are bussed to YWCA from their schools, enjoy a free snack, participate in fun activities, offered homework help and special events. Builds on the strengths and values of youth by providing them with a supportive, safe, and culturally diverse environment in which they can develop positive qualities for school success and a productive future. Activities geared towards fostering individual creativity and imagination and the ability to implement the child's own original ideas. New computer lab and library.

### PARENTING IN PROGRESS

##### PARENTING

16 to 21 years old

##### PARENTING IN PROGRESS (PIP)

An alternative education program housed at YWCA in collaboration with Woonsocket Education Department, Project RIRAL, BVCAP, and Connecting for Children and Families. Eligible applicants must live in Woonsocket and be pregnant or parenting young women under 21 years old. Classes meet Mon.-Fri., 9am to 1pm.

##### PIP/YOUNG VOICES

In conjunction with Young Voices, this is a six month leadership transformation academy where youth learn advanced research, public speaking, and debating skills.

##### PIP/RITA

In conjunction with Women Work!, RITA (Recruiting for the Information Technology Age) is a demand-driven workforce development approach that moves low income workers and job seekers into high-skill, high-wage employment, dramatically increasing individuals' income and employment potential.

For more details, call Deb Smith, Parenting in Progress Site Coordinator, at 769-7450.

## SUMMER CAMP THEMES:

**Doodle Bugs:** Down at Farm, Animal Bop, Let's Go to Zoo, A Camping We Will Go, Bubbles & Boats, Under the Sea, Beach Fun, Color My World, The Shape of Things, 1 2 3, and A B C.

**Busy Bee:** Fun in the Sun, All That Glitters, Camp Cruising, Island Days, Camping Out Under the Stars, Jungle Adventure, Catch the Beat, Going on a Safari, Under the Big Top, and Animal Antics.

**Kids Sports Club and Two-Riffic Days:** T-Rex T-Ball, Bugs Bugs Sports and Bugs, Under the Sea Floor Hockey, Chef Combos Fantastic Fitness Fun, Bob the Builder Basketball, Scooby Doo Soccer, Teddy Bear Tumbling, Transportation Track and Field, and Summer Surprise.

## YOUTH ENRICHMENT SERVICES:

**We are there for you when school is closed.** YWCA provides all day youth enrichment program for children age 6-15 when school is cancelled due to inclement weather and during school vacation. In order to participate you must register your child in advance.

**We are there for you when your child needs a little extra help.** The YWCA has a tutor available on Saturday to help your child succeed in the classroom. Tutor Nathan Smith is a certified teacher and has extensive experience working with elementary and middle school children.

**For details on YWCA Summer Camp and Youth Enrichment, call 769-7450.**



**2 1/2 to 3 1/2 years old**  
Independent classes for your child  
(do not have to be toilet trained).

**IDDY BIDDY SNACK ATTACKERS**  
Come run, have a snack, make a craft, and run some more.  
Mon. 9-noon \$95/7wks

**IDDY BIDDY SPORTY CRAFTY CHEFS**  
Combination of Small World, crafts, games, and cooking your own lunch. Come jump and crack some eggs. Non stop action.  
Wed. 9-noon \$108/8wks

**SMALL WORLD I, II, III**  
Children offered opportunities for socialization, creativity and toilet training. Includes storytime, songs, crafts, playtime, and snack.

**SMALL WORLD I**  
Deb Nault  
Thurs. 9-10am \$24/8wks

**SMALL WORLD II**  
Deb Nault  
Thurs. 10am-noon \$48/8wks

**SMALL WORLD III**  
Deb Nault  
Tues. 9am-noon \$72/8wks  
Fri. 9am-noon \$72/8wks

**LITTLE LEARNERS**  
Pre-preschool for children 2 1/2 to 3 1/2 years of age. Two, three, four or five days available. See brochure page 1 for details.

**3 to 5 years old**

**INSIDE/OUTSIDE ADVENTURES**  
Nice weather we will spend time outside on playground collecting bugs, bird watching, and more. Bad weather we will play games in the gym. All activities followed by lunch.  
Mon. noon-2pm \$70/7wks

**GYMNASTIC FANTASTIC**  
Fantastic activity packed class. An hour of gymnastics followed by lunch, craft, and playtime.  
Tues. noon-2:30pm \$100/8wks  
Fri. noon-2:30pm \$100/8wks

## PHYSICAL ACTIVITIES

### GYM PROGRAMS

All physical education classes are under the direction of Debbie Fay.

### DESIGN YOUR OWN CLASS!

Any age group. Learn T-ball, floor hockey, golf, tennis, etc. Call Debbie Fay, Physical Education Director, 769-7450. Subject to time and space availability. Prices set by usage.

### BIRTHDAY PARTIES DURING THE WEEK

Let Debbie Fay set up and run a party for your child. Themes: gymnastics, soccer, golf, etc. Call 769-7450 to schedule. Subject to time and space availability. Price set by usage.

### Walking to 3 years old

**JUMPING BEANS**  
Gymnastics play with parent.  
Tues. 9-10am \$48/8wks  
Thurs. 10-11am \$48/8wks

**JUMPING BEANS GETS MESSY**  
One hour of gymnastics play with parent followed by a 1/2 hour messy activity of crafts or cooking  
Fri. 9-10:30am \$72/8wks

## SPORTSTASTIC

A new sport every week, socialization, and lunch making for your child.  
Wed. noon-2pm \$80/8wks

## BREAKFAST WITH THE STARS

Cook your own light breakfast. Eat with the stars. Enjoy some playtime. Stuffed animal characters: Dora, Clifford, Cookie Monster, Blues Clues, etc.  
Thurs. 9-10am \$48/8wks

## TUMBLING CRAFTY COOKS

Beginner gymnastics skills training combined w/cooking and eating.  
Thurs. noon-2pm \$80/8wks

**4 to 6 years old**

## CHEERLEADING AND TUMBLING

Learn some cheers and tumbling skills used in cheerleading. Give me a Y, give me a W, give me a C, and give me an A.  
Mon. 3:30-4:30pm \$42/7wks

**6 to 9 years old**

## CHEERLEADING AND TUMBLING

Learn some cheers and tumbling skills used in cheerleading. Give me a Y, give me a W, give me a C, and give me an A.  
Mon. 4:30-5:30pm \$42/7wks

**9 to 12 years old**

## CHEERLEADING AND TUMBLING

Learn some cheers and tumbling skills used in cheerleading. Give me a Y, give me a W, give me a C, and give me an A.  
Fri. 4:30-5:30pm \$48/8wks

## ART STUDIO

### ART CLASSES

New and returning students welcome; every session covers new artists and projects.

**5 to 7 years old**

### ART FOR CHILDREN

If you love drawing then this class is for you. Learn the basics of art through drawing, painting, sculpting and creativity games. Please bring a smock or junky t-shirt and a smile. An art material fee is included in the session fee.  
Missie St. Sauveur  
Fri. 5-6:30pm \$72/8wks

**8 to 14 years old**

### MODERN ART FOR YOUNG PEOPLE

From the 20th century, learn about some of the most famous names in art. Art can be about more than just painting a house that looks like a house. Educational and fun projects. An art material fee is included in the session fee.  
Missie St. Sauveur  
\$72/8wks, Each class is 1 1/2 hours with day and time TBD. If interested, call 769-7450.

**13 to 18 years old**

### ART FOR TEENS: THE IMPRESSIONISTS

We will delve into advanced techniques as we

learn about the Impressionists and Post-Impressionists. We'll explore exciting new media, including oil pastel and gouache. An art material fee is included in the session fee.  
Missie St. Sauveur  
Mon. 5-6:30pm \$63/7wks

**Adults and Teens\***

### FEARLESS ART FOR ADULT BEGINNERS

Have you always itched to try painting, sketching, or sculpting? Wish you knew the difference between Manet and Monet? In this class, you get an introduction to art-making, as well as a little art history, in a relaxed, non-judgmental atmosphere. No talent or experience required. Come have fun with us. You may be surprised by what you can create. An art material fee is included in the session fee. \*Teens welcome if attending with adult.  
Missie St. Sauveur  
Mon. 7-8:30pm \$63/7wks

## GYMNASTICS ACADEMY

### GYMNASTICS - BASIC

**3 1/2 to 5 years old**

### BEGINNER GYMNASTICS FOR GIRLS AND BOYS

A great all around introductory gymnastics program. Preschoolers have the opportunity to advance to higher levels.  
Fri. 3:30-4:30pm \$48/8wks

**5 1/2 to 12 years old**

### BEGINNER/INTERMEDIATE GYM- NASTICS FOR GIRLS AND BOYS

A great all around introductory gymnastics program. Students have the opportunity to advance to higher levels.  
Mon. 3:45-5pm \$53/7wks  
Wed. 3:45-5pm \$60/8wks  
Sat. 9-10:15am \$60/8wks  
Sat. 10:15-11:30am \$60/8wks

**10 to 18 years old**

### PRE-TEEN GYMNASTICS TEEN GYMNASTICS & CONDITIONING

Students get to work at their own individual gymnastic level.  
Sat. 11:30am-12:45pm \$60/8wks



## GYMNASTICS - CONTINUING

All classes listed below require permission from instructor for participation. Call Jennie Graham or Debbie Fay at 769-7450.

### 4 to 7 years old

#### ADVANCED PEE WEE GYMNASTICS-LEVEL I & II

Thurs. 3:45-4:45pm \$48/8wks

### 5 to 12 years old

#### INTERMEDIATE GYMNASTICS

Mon. 3:45-5pm \$53/7wks  
Wed. 3:45-5pm \$60/8wks  
Sat. 9-10:15am \$60/8wks  
Sat. 10:15-11:30am \$60/8wks

#### ADVANCED GYMNASTICS

Tues. 3:45-5pm \$60/8wks

#### PRE TEAM

Sat. 11:30am-1pm \$72/8wks

#### COMPETITIVE TEAM

Monthly fee for all competitive teams:  
One day a week \$44/month  
Two days a week \$86/month  
Three days a week \$100/month  
Jennie Graham, Head Coach  
Breonna Gentes, Assistant Coach

#### HOT SHOTS 4 to 9 years old

Sat. 9-11am

#### TEAM A 8 to 16 years old

Sat. 11am-1pm

#### TEAM B 8 to 16 years old

Sat. 11am-1pm

#### TEAM C 8 to 16 years old

Thurs. 4:15-6:30pm  
Sat. 3:30-5:30pm

#### TEAM D 9 to 18 years old

Tues. 3:45-6:30pm  
Fri. 4:15-6:30pm  
Sat. 1:30-4pm

## WELLNESS PROGRAMS

### EXERCISE

#### 16+ years old

#### AEROBIC DANCE

Improve your aerobic fitness. Benefits include increase in heart health, muscular endurance, mood, energy level, and a decrease in shortness of breath. Fees reflect member rates, nonmembers pay an additional \$20.  
Colette Doura  
Mon./Wed., 7:15-8:15pm \$53/8wks

#### BELLYDANCING I

Learn the exciting moves of an ancient Middle Eastern art form: snake arms, figure eights, hip circles, some traveling steps, and shimmys. Class is for first time students or those wanting to continue with the basics before moving on to more advanced skills. No previous dance experience required. Fun, supportive environment.

Donia: Tues., 6:30-7:30pm \$48/8wks

#### BELLYDANCING II

Continue to learn and evolve in the timeless beauty of the belly dance. We will perfect the basics, along with learning new steps, undulations, turns and choreographies. Class is for returning students who are ready for some more advanced moves. Introduction to veil and music theory will be covered as the session progresses. Stay fit while feeling like a goddess!  
Donia: Tues., 7:30-8:30pm \$48/8wks

#### YOGA

Hatha yoga is an art of movement that achieves balance between body and mind. It promotes wellness through physical poses, breathing techniques, and meditation. It helps improve strength and flexibility while reducing stress.  
Kathy Hopkins: Thurs., 7-8:30pm \$72/8wks

#### WALKING CLUB

Supportive and educational resources to begin a walking club in your area or from YWCA. Choose your best time: morning, afternoon, or early evening. Call YWCA Health Office to register, 769-7450.

### EXERCISE FACILITY

#### 17+ years old

#### WOMEN'S WORKOUT ROOM

Enjoy the privacy of a women's only facility with: a four stack universal machine, bikes, free weights, treadmills, and showers. You must pay a \$20 instruction/processing fee and attend an introductory session in order to be eligible to use room. YWCA adult female membership required.

### VOLLEYBALL LEAGUES

All volleyball leagues are under the direction of Debbie Fay, Physical Education Director. Teams picked by draft. Come prepared to play on organizational nights. Dates subject to change due to weather or other uncontrollable circumstances. To verify times/dates, call Debbie Fay at 769-7450.

Volleyball pick-up games for YWCA members. Front desk will collect names and phone number of players interested. Night and time will be decided by players availability. \$5 each week you play.

#### INTERMEDIATE MIXED CO-ED

Sundays: Organizational night will be held November 1, 6-8pm. League play begins November 8. Teams formed by draft.  
\$112/20 wks & playoffs/plus membership fee  
May pay in two installments.

#### POWER CO-ED

**JOHN PIETROPAOLI LEAGUE**  
Tuesdays: Advanced players. Organizational night will be held September 8, 6:45-8:30pm. League play begins September 15. Teams formed by draft.  
\$56/10 wks & playoffs/plus membership fee

#### INTERMEDIATE CO-ED

Wednesdays: Intermediate or above players only. Organizational night will be held September 9, 6:45-8pm. League play begins September 16. Teams formed by draft.  
\$56/10 wks & playoffs/plus membership fee

## WOMEN'S CLUBS

### Y WIVES & GIRLS

The purpose of this club is to build a fellowship of women devoted to the task of enriching each member's life by building a program around education, services for others, and recreation. Activities include outings, special events, and service projects. Membership is open to women 30 years of age and over. Meetings are held on alternate Tuesdays at 1:30pm from September through June. Call YWCA for details, 769-7450.

### APRES-MIDI

This club provides opportunities for both single and married women to share activities, information, and to gain new friendships. Activities include guest speakers, outings, restaurant tours, luncheons, and demonstrations. Membership is open to women 30 years of age and over. Meetings are held on alternate Thursdays at 1:30pm from September through June. Call YWCA for details, 769-7450.

### HEALTH

#### ENCOREplus®

ENCOREplus® is a systematic approach to women's health promotion, in particular, breast and cervical cancer education. The YWCA offers community outreach, breast and cervical health education, linkage to clinical screening services and assistance in accessing and navigating diagnostic treatment services when necessary. The YWCA also offers support during diagnosis and treatment.

If you are over the age of 40 and have no health insurance, or your insurance does not cover breast and cervical screenings every year, you may qualify for free services. The Rhode Island Department of Health Women's Cancer Screening Program provides a women's health exam including clinical breast and pelvic exams, Pap smear, mammogram, and follow-up services.

For more details call Joyce Dolbec, YWCA Health Consultant, at 769-7450. If hearing/speech impaired call 1-800-745-5555 for more details on the Cancer Screening Program.

#### SMOKING CESSATION

Supportive/educational one hour meeting weekly for 8 weeks held at YWCA Northern Rhode Island. Free nicotine replacement therapy during the 8 week program. Facilitated by

tobacco treatment specialists trained by UMass Medical School. Open to those with or without insurance or on Medicaid. Call YWCA Health Office to register, 769-7450.

### GOLF

#### WOMEN'S GOLF LEAGUE

Monday Tee-times starting at 4:30pm. May 4 to Aug 31 at Melody Hill Country Club. Call Debbie Fay for more information, 769-7450. YWCA membership plus \$47 league fee. All golfers must also pay weekly green fees at Melody Hill Country Club.

#### 15TH ANNUAL GOLF TOURNAMENT

Sunday, July 19 at 1:30pm, shot gun at Foster Country Club. \$110/player - golf, gas cart and dinner. Support YWCA Northern Rhode Island as a player, sponsor, or raffle prize donor. Call Debbie Fay or Holly Courtemanche for details, 769-7450.

## 15th annual ENCOREplus® golf tournament in memory of Gini Duarte

The funds support breast health awareness and outreach programs.

Sunday, July 19, 2009  
Foster Country Club  
1:30pm Shotgun

Entry Fee: \$110 per person (includes green fees, cart, steak dinner and prizes). Separate prizes for winners of the women's Division & Co-Ed/Male Division

Call Debbie Fay or Holly Courtemanche for details at 401-769-7450

Please make check(s) payable to YWCA Northern Rhode Island and mail with the information below to: YWCA Northern Rhode Island, 514 Blackstone Street, Woonsocket, RI 02895

Attach foursome of individual names, full addresses, and phone numbers. Dinner guests welcome at a cost of \$30 each. Limited to the first 72 paid participants (18 foursomes)

## MINORITY HEALTH PROMOTION CENTER

The YWCA has been designated by the Rhode Island Department of Health as a Minority Health Promotion Center. It is the only organization in northern Rhode Island to receive such a designation. Our Association develops and implements health information, health education, and risk reduction activities that improve the quality of life and eliminate health disparities for Woonsocket's racial and ethnic populations. Contact the YWCA Health Office for details, 769-7450.

## CONTACT US

514 Blackstone Street  
Woonsocket, RI 02895  
T: 401-769-7450  
F: 401-769-7454  
www.ywcanri.org

## ANNUAL MEMBERSHIP

6 to 16 years \$12.00  
17 to 64 years \$22.00  
65 and over \$17.00

*Children under 6 must be covered by a parent or guardian membership. Membership fees are not refundable or deductible as a charitable contribution. Reduced rates are available in some classes for members 65 and over. All classes and activities are open to both sexes unless otherwise indicated in the class description. A member may use the membership card at all other YWCAs in the USA.*

YWCA membership, paid yearly, is required for participation in all programming except as otherwise indicated. Special non-member fees are available for some adult programs.

As a YWCA member, you have access to:

- low cost, innovative programs
- special membership events
- volunteer opportunities
- membership in the oldest, largest women's movement in the nation  
(men and boys are welcome as associates)
- use of YWCA facilities nationwide

## HOURS

Monday to Thursday, 9am-9pm  
Friday 9am-6:30pm, Saturday 9am-4:30pm

## STORM POLICY

Please listen to radio stations WOON 1240AM or WNRI 1380AM for YWCA cancellations, or watch Channel 10 & 12 closing announcements. School system delays, early dismissals, and professional days do not apply to YWCA schedule.

## SCHEDULE

Classes run in consecutive sessions during the school year with a new schedule for summer.

## ROOM RENTALS

Room rentals are available for events. Contact YWCA for details, 769-7450.

## BOARD OF DIRECTORS

Kim Garneau, President  
Cathy Brien, Vice President  
Susan Gershkoff, Esq., Treasurer  
Marissa Trinquet, Secretary  
Rosemary Brite  
Alessandra Borges  
Lisa Carcifero  
Gail Davis  
Susan Donahue, DC  
Vivian Godin  
Lisa Harnois  
Jeanne Lynch  
Yvette Mendez  
Stella Nared  
Deborah L. Perry, Executive Director

## EVENTS

- **Preschool Registration** for the 2009-10 school year is open. Enroll today.
- **School Vacation Camp:** Preschool and youth programs for children age 3 to 15: April 10, April 13-17. Themes: photo shoot, button day, what's in the box, ladybug day, and April showers.
- March 30 - April 19, YWCA Northern Rhode Island 85th anniversary display at The Museum of Work and Culture, Market Square Woonsocket.
- April 1, YWCA Preschool and Stepping Stones Art Gallery Night at 6pm.
- April 2, Kick Butts Day: YWCA parents pledge to have smoke-free cars and homes.
- April 8, 11th Annual Family Fun Night at YWCA from 6-8pm. Animal experience, book fair, face painting, carnival games, raffles, Clifford character, concession food/drink, art.
- April 8 - 10, YWCA Book Fair
- April 19 - 25, Week of the Young Child
- April 18, Health Fair: 10am - 2pm at Elks Lodge, 380 Social Street in Woonsocket. Co-sponsored by YWCA Northern Rhode Island.
- April 24 and 28, YWCA Tour Days: Learn about YWCA programs. 9:30-11:30am. Polish and Spanish speaking staff also available.
- May 6, Wellness Series Healthwise Book: Two sessions offered, 2-3:30pm & 6:30-8pm. All attendees receive complimentary copy. Call YWCA Health Office to register, 769-7450.

## SHE SHINES™

Published by YWCA Northern Rhode Island, *She Shines* is a magazine celebrating the aspirations and accomplishments of women. A mailed publication, it has a circulation of 8,000+. To receive a free subscription or to reserve advertising space, call 769-7450. Visit [www.sheshines.org](http://www.sheshines.org).

- May 20, Hospice - how you live with it: 5:30pm at Harris Library, 303 Clinton Street, Woonsocket. Call 356-4077 to register.
- May 21, Women's Health Luncheon: 11:30am at Women & Infants, 2168 Diamond Hill Road, Woonsocket. Co-sponsored by YWCA Northern Rhode Island. Call 767-2122 to register.
- June, Annual Gymnastics Spring Show
- June 2-4, Year End Preschool Celebrations
- June 3, Wellness Series Stress Reduction Techniques: Two sessions, 2-3:30pm & 6:30-8pm. Call YWCA Health Office to register, 769-7450.
- June 17, Wellness Series Wii Game/Exercise: Two sessions, 2-3:30pm & 6:30-8pm. Call YWCA Health Office to register, 769-7450.
- June, 25th Annual PIP Graduation and Awards Ceremony
- June - August, Summer Camp
- July 19, 15th Annual Golf Tournament



## YWCA MISSION

The YWCA is a women's membership movement nourished by roots in the Christian faith and sustained by the richness of many beliefs and values. Strengthened by diversity, the Association draws together members who strive to create opportunities for women's growth, leadership, and power in order to attain a common vision: peace, justice, freedom, and dignity for all people. The Association will thrust its collective power toward the elimination of racism wherever it exists and by any means necessary.

spring II session 2009

## ADVOCACY

### girls explore non-traditional trades

The Girls Non-Traditional Trades Forum invites young women to explore career options. Middle and high school girls have the opportunity to try hands on construction skills. The event is sponsored by the Rhode Island Commission on Women with YWCA Northern Rhode Island participating as a program partner.



The 2nd Girls Non-Traditional Trades Forum will be held at the New England Laborers Construction Career Academy in Cranston on March 28 from 9am-3pm, photo left. Contact Shanna Wells for details, [swells@ricw.ri.gov](mailto:swells@ricw.ri.gov). Girls worked with lead abators, carpenters, bricklayers, and electricians at the 2008 event, photos from clockwise. "It was great to talk to real tradeswomen . . . and learn more about the construction field." photos courtesy of Rhode Island Commission on Women and New England Laborers Construction Career Academy



Non-Profit Org.  
US POSTAGE  
**PAID**  
327  
Woonsocket, RI



sheshines.org • spring 2009

See Inside: YWCA Programs and Annual Report

# Knowledge Applied to the Reality of Business

*Achieving your competitive advantage  
requires a commitment to education.*

At Bryant's Executive Development Center, we teach you **what you need to know and how to apply it** in a real-world context, using best business practices. This practical approach to learning provides you with the knowledge, insight, and tools to achieve success.

**INDIVIDUALS** – Invest in yourself and expand your knowledge through single courses and certificate programs.

**EMPLOYERS** – Empower your employees with customized education and training programs tailored to meet your company's specific needs.



**EXECUTIVE DEVELOPMENT  
CENTER**  
FOR PROFESSIONAL AND BUSINESS EDUCATION

1150 Douglas Pike • Smithfield, RI 02917

## ENROLL NOW FOR 2009

### Business Analyst

*Prepare for CBAP™ Certification*

### NEW! Business Continuity

### Business Management

### NEW! Business Strategies for the Nonprofit Enterprise

### Certification Exam Preparation

### Corporate Training

### Executive Education

### Executive Coaching

### Financial Planning

### Human Resources Management

### Online Programs

### Professional Sales

### Project Management

*Prepare for PMP® or CAPM®  
Certification*

### Six Sigma

*Earn Yellow, Green or Black Belt  
Certification*

**Download or request  
your course catalog today  
at [edc.bryant.edu](http://edc.bryant.edu).**

**For more information,  
contact us at (401)232-6200,  
or visit [edc.bryant.edu](http://edc.bryant.edu).**