



Sue Ann Thompson

## From Researcher to Provider to Consumer... Outreach Works

By Sue Ann Thompson

**A**s scientific evidence points to the significant impact that daily lifestyle choices have on health, individuals are becoming increasingly responsible for their personal wellness. Likewise, individuals must view their relationship with their health care provider as a partnership; doctors make recommendations based on experience and expertise, but the patient must ultimately make the final decision about the course of treatment.

This means that each of us must become advocates for our own health, and that requires an awareness and understanding of appropriate health screenings, preventive measures and treatment options; access to community and health care resources; the ability to effectively decipher health information and to communicate with health care providers; confidence in one's ability to make appropriate decisions; and finally, the commitment to making one's health a priority.

As I traveled as First Lady of Wisconsin not long after my own treatment for breast cancer several years ago, I heard countless per-

sonal stories from women all over this state. And it became very apparent that many women could not be effective advocates for their health. They simply did not have information or—worse yet—they were misinformed about critical women's health issues.

In 1997, I established the Wisconsin Women's Health Foundation to reach all women with the information, resources and tools they need to be healthy; to encourage women to become better advocates for their health; and to improve the quality of life for Wisconsin's families.

The Foundation focuses on raising awareness about six key women's health issues: breast cancer, osteoporosis, cardiovascular disease, domestic violence, smoking cessation and mental illness—issues which disproportionately affect women or affect women very differently than men and also span a woman's entire life cycle.

Our philosophy is "it all begins with a healthy woman." If you consider that women make over 80 percent of health care decisions in the family and spend 4 of every 5 health care dollars, it becomes imperative that women be given the most up-to-date information to make the best decisions for their own health, as well as their families' health. If we have healthy women, we're bound to have healthy families.

It seems impossible that in the 21st century there could be a gap in

the information chain, but the sheer volume of information can be overwhelming, and managed care often makes it a challenge for medical professionals to spend time providing preventive counseling. Most important though, each woman's unique circumstances may affect her ability to access information and care.

Many of Wisconsin's rural women are isolated from health care resources and personal networks. Income and cultural barriers certainly affect one's ability to advocate for one's health. And for many women, caring for others simply takes priority over caring for themselves.

What we have learned—and demonstrated—at the Wisconsin Women's Health Foundation is that outreach programs presented outside traditional medical models are a powerful and effective way of empowering women to be good advocates for their health. Programs like Women's Health & Wellness Retreats, the GrapeVine Project, and *First Breath* have become models for others because they address barriers women might have to accessing information and deliver information in a creative and very personal way.

Teaching Women to  
Balance Care-Giving  
and Self-Care

For many women, the first step towards good health is simply taking time for themselves. For example,

---

Ms Thompson, former First Lady of Wisconsin, is the Founder and President of the Wisconsin Women's Health Foundation, a non-profit organization established to present women's health education and outreach programs, support women's health research and provide scholarships for women in health care. The Foundation can be reached at 800.448.5148.

---

women who attend our Women's Health and Wellness Retreats—a day-long program of workshops, keynote speakers and health screenings—often comment that they appreciate taking time off from caregiver responsibilities and being given permission to focus entirely on their personal well-being.

for further testing (not normally part of a regular physical) that confirmed the diagnosis.

Additionally, evaluations tell us that women respond positively to programs that provide a sense of camaraderie, community and friendship. And most important, follow-up surveys indicate that over 75

parish nurse functions as a health educator promoting wellness, a counselor advocating personal responsibility, a liaison with community resources and an integrator of faith and health.

The GrapeVine Project provides each parish nurse with a “tool kit” containing materials for mailings, educational brochures, and related manuals along with demonstration materials. Eleven parish nurses began their GrapeVine programs in September 2002, and by the end of December they'd taken their message encouraging screening for breast cancer to more than 170 women in six counties.

---

*“After all, information leads to knowledge, and knowledge empowers individuals to be good advocates and to make good decisions about their health.”*

---

“I did something positive for myself without my 4-year-old and my 15-month-old!” said one retreat participant. Another woman wrote, “Thank you for having this day. It was encouraging. I will start thinking about myself rather than everyone else at least once in a while.”

Although the idea that women neglect themselves to care for others may seem like an outdated stereotype, research has found that this is indeed true for many women. A researcher conducting a study in Milwaukee about women's experience with myocardial infarction said one woman she interviewed suspected she was having a heart attack, but waited several days before seeking medical treatment as she was preparing Thanksgiving dinner for her family.

#### A Little Information Can Lead To Big Change

The information learned at outreach programs is often a catalyst for change. A majority of women tell us in follow-up surveys that they have used what they've learned to improve their communication with their doctor. One retreat participant whose bone density screening indicated a high risk for osteoporosis took the results to her physician and was scheduled

percent of women will share the information learned with family and friends. Often times, personal testimonials make health information more meaningful, thus improving the likelihood that an individual will take action to improve her health.

#### Non-Traditional Partnerships Work

For other groups of women, developing creative methods to deliver information is critical. To address the unique needs of Wisconsin's rural women who often live in remote areas or have limited access to resources, the Foundation began working with Rural Parish Nurses to present the GrapeVine Program, a series of women's health education programs about breast and cervical cancer. These programs are presented in places that are already a significant part of the lives of Wisconsin's rural women such as churches, women's clubs and work places.

For rural women who may not have access to medical facilities, parish nurses are increasingly valued as trusted community health care advisors. Parish nursing is a unique, specialized practice of professional nursing that focuses on the promotion of health and wholeness within the context of the values, beliefs and practices of a faith community. The

#### Making Lifestyle Changes Possible

Effective outreach and education programs must also teach women how to incorporate healthy lifestyle choices into their daily lives. The Foundation created *First Breath* to help low income, pregnant women quit smoking. Offered through public prenatal care programs, many of our *First Breath* moms are coping with poverty, other addictions, homelessness and abuse, and many times live with other smokers—all of which may hinder their efforts to quit smoking.

It is a challenge to help *First Breath* clients make quitting smoking a priority, but the program works. Preliminary results are detailed in an article elsewhere in this journal (page 29).

#### A Team Effort

In the long run, teaching individuals to become advocates for their health through programs like those I've described will help reduce the costs associated with chronic disease and improve the quality of life for women and families throughout our great state. After all, information leads to knowledge, and knowledge empowers individuals to be good advocates and to make good decisions about their health.



The mission of the *Wisconsin Medical Journal* is to provide a vehicle for professional communication and continuing education of Wisconsin physicians.

The *WMJ* (ISSN 1098-1861) is the official publication of the Wisconsin Medical Society and is devoted to the interests of the medical profession and health care in Wisconsin. The managing editor is responsible for overseeing the production, business operation and contents of *WMJ*. The editorial board, chaired by the medical editor, solicits and peer reviews all scientific articles; it does not screen public health, socioeconomic or organizational articles. Although letters to the editor are reviewed by the medical editor, all signed expressions of opinion belong to the author(s) for which neither the *WMJ* nor the Society take responsibility. The *WMJ* is indexed in Index Medicus, Hospital Literature Index and Cambridge Scientific Abstracts.

For reprints of this article contact the *WMJ* Managing Editor at 866.442.3800 or e-mail [wmj@wismed.org](mailto:wmj@wismed.org).

© 2003 Wisconsin Medical Society