n the late 1980s, while working as director of social services at a Portsmouth, VA, healthcare facility, Drema Hymon began to recognize a disturbing pattern. "I noticed that many of the black women who came in for respite care or long-term care were much younger than the white women who required such services," she says. The phenomenon prompted Hymon to do some research into the state of black women's health. "Once I started asking questions," she relates, "the proportions of the problem began to dawn on me."

Among the facts that Hymon uncovered were the following:
- Middle-aged black women are more than twice as likely to die from diabetes as middle-aged white women.
- High blood pressure affects more than four out of five black women.
- Black women account for more than half of cervical cancer cases.
- Although African-American women have a lower incidence of breast cancer than do white women, their five-year survival rate is lower.

THE NEED FOR EDUCATION
Her research convinced Hymon that Portsmouth, whose population is nearly 50 percent African-American, needed an organization to address issues related to black women's health. In 1989 she approached Maryview Medical Center in Portsmouth with a written proposal to establish such an organization. The staff was receptive, and with the help of Director of Women's Services Kimberly Lee, Hymon began planning the Black Women's Health Network.

Maryview Medical Center launched the network in November 1990 with an educational forum directed by three prominent African-American women from the community—two physicians and a social worker. The theme of the educational forum was the healthcare challenge contemporary African-American women face: Take care of yourself, or else.

The panel discussed the purpose of a network like Maryview's, the healthcare needs of African-American women and their families, the disparity between the health status of black women and women of other races, and what should be done to narrow the margin. The forum also gave African-American women in the community a chance to express their views and to suggest topics for future meetings.

In its first two years, the Black Women's Health Network sponsored eight panels and programs, with attendance at the events averaging more than 100. As the network has matured, its focus has expanded to issues that go beyond black women's health. For example, the first anniversary program focused on the family, including exhibits on breast cancer, domestic violence, AIDS, and children and family services. In addition, the National Council of Negro Women and a local community publication cosponsored a panel and group discussion titled "Mothers and Daughters Communicating."

MAKING HEALTH A PRIORITY
One of the major difficulties Hymon and Lee faced in organizing the network was convincing community members—including black women—that black women's health should be a priority.

Part of the problem is that black women are often the only source of nurturing and support in their homes and neighborhoods, which means they tend to reserve little time for their own health needs, Hymon says. One of the network's goals is to teach black women the importance of self-care.

The inner-city environment creates yet another difficulty for the network's coordinators. "It's hard to convince people they should be watching their diet or getting regular health screens when they spend so much time and energy coping with the effects of poverty and crime in their neighborhoods," Hymon explains. "Unless we address some of the issues that are devastating the black

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The challenge now is to create programs that recognize the diversity within the population the network serves.

Network of Volunteers

Although the program reaches thousands of women and their families annually, its public relations budget is less than $5,000. "We depend on the commitment of volunteers at Maryview and in the community to keep the network going," Hymon says. She adds that participation by Portsmouth area businesses and prominent black leaders has given the network a high profile in the community. In fact, the Office of Minority Health at the U.S. Department of Health and Human Services now uses the network’s announcements and programs to disseminate healthcare information to the African-American community.

So far the organization has focused almost exclusively on presenting community education panels and forums, but plans are in the works for health fitness courses targeting three separate populations: women from the inner city, mothers and daughters, and career climbers. The move to more focused educational programs is a natural extension of the network’s purpose, Hymon points out. “Providing a resource that recognizes the special needs of black women is just the first step,” she says. “Our challenge now is to create programs that take into account the diversity within the population our network serves.”

Recognition and Spiritual Support

Hymon acknowledges that economic disadvantages contribute greatly to the U.S. black community’s health problems, but she insists the problems go beyond that. She cites a study from earlier this year, which found that black children from relatively affluent families have a higher mortality rate than white children in similar circumstances. “We need to recognize the impact of psychosocial pressures on black health,” Hymon says.

Thus the Black Women’s Health Network also focuses on African-American women’s spiritual and psychological needs, and it publicly recognizes black women for community service. One program, “Coping with Crisis, Change and Transition,” combined a prayer breakfast, religious service, and panel discussion. A Maryview chaplain gave a presentation titled “Woman, Great Is Your Faith,” while another local minister spoke on “Surviving Life’s Challenges.” At the same forum Maryview awarded State Senator L. Louise Lucas “Woman of the Year” honors.

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<td>Birmingham, AL</td>
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<td>San Diego, CA</td>
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*Cost includes utilities, taxes, insurance, maintenance and mortgage payments. Assumes 10% equity, 8.5% interest and 30 year mortgage.