Leveraging Health Care Reform: Cultural Competency and Health Literacy Strategies

Webinar #4 - Part 2: Health Literacy: Helping Consumers “Get It” – May 6, 2014

Leni Preston, Chair
leni@mdchcr.org
301.351.9381
Moderator and Speaker

Leni Preston, Chair, Maryland Women’s Coalition for Health Care Reform
About the Coalition

• Nonpartisan alliance of individuals and 99 state-wide organizations.

• Collaborative partnership with members and other stakeholders.

• Focus Areas include: Policy; Legislation; Education; Outreach; Advocacy; and Action.

• Primary Funders: Open Society Institute-Baltimore and Raising Women’s Voices for the Health Care We Need.
Webinar Series: Leveraging Health Care Reform: Cultural Competency & Health Literacy Strategies

Webinar # 1 – The Big Picture
• Defined the terms, purpose and Federal and State initiatives

Webinar # 2 - “Connecting With Consumers: Addressing Cultural Competency and Promoting Health Literacy”
• Maryland’s education, outreach and enrollment strategies and, in particular, the Exchange’s Connector Program
Webinar Series: Leveraging Health Care Reform: Cultural Competency & Health Literacy Strategies

Webinar #3 – Cultural Competency: Resources for Providers to Meet Patients’ Needs

• Discuss opportunities to integrate cultural competency strategies into models of care to improve health outcomes.

Webinar #4 – part 1 – Health Literacy: Helping Consumers “Get It”

• Define the terms health literacy and health insurance literacy, and the need to heighten both at the system, organization, and individual level;

• Address specific questions about health literacy and the policy implications for health care reform.
Today’s Objectives

• Take the guess work out of consumers’ decision-making

• Examples of how advocates & those working directly with consumers and patients can promote health literacy
  – Making *smart choices* in plan selection
  – Creating care aware consumers

• Two models to advance health literacy in your community

• Q&A
Speakers

Josie Kalipeni, Senior Field Associate, Families USA

Bonnie Braun, PhD, Founding Director, Horowitz Center for Health Literacy, Professor Emeritus, Pending, School of Public Health Extension Consultant, University of Maryland Extension
Speakers

Michael A. Franklin, FACHE, President and CEO, Atlantic General Hospital/Health System

Alma Roberts, FACHE, President and CEO, Baltimore Healthy Start
Speakers

Josie Kalipeni, Senior Field Associate, Families USA
Health Literacy and Health Equity: Communications and Advocacy Strategies

Presented by
Sinsi Hernández-Cancio, Health Equity Director
Josephine Kalipeni, Senior Field Associate
The Families USA Mission

- **Families USA** is a national nonprofit, nonpartisan organization dedicated to the achievement of high-quality, affordable health care for all Americans.

- Focused on **policy research and advocacy**, creating **earned media** opportunities, and supporting **national and state partners** with training, technical assistance, and strategic advice.

- **Deeply engaged in Affordable Care Act implementation**
  - Promoting effective **private market** structures and policies
  - Supporting state **Medicaid expansion** campaigns
  - Advocating for pro-consumer **health system improvements**
  - Supporting **outreach and enrollment** efforts, from policy, to helper assistance, to designing materials, to story banking
  - Ensuring that all these efforts promote maximum **health equity**
Defining our Terms

ACA Defines Health Literacy:

The degree to which an individual has the capacity to obtain, communicate, process, and understand basic health information and services to make appropriate health decisions

Why Does Health Literacy Matter?

- Helps people make good decisions about their health and health care
- Manage long term, chronic diseases
- Know which type of health care provider to utilize when having a health issue
- Overall better health outcomes when you can manage health
Low health literacy is more prevalent among:

• Minority populations
• Immigrant populations
• Older adults
• Low-income individuals
Health Literacy & Health Equity Inextricably Linked

Health literacy is fundamental to health and essential for improving quality and disparities

• People must be empowered to effectively engage in their own health care

• People must have the necessary information to make good and informed decisions about their health
Health Literacy & Health Equity Inextricably Linked

• Addressing high disparity conditions requires patient and community empowerment

• Must have effect prevention, early detection, and ongoing management to close the prevalence, morbidity and mortality gaps
Health Insurance can help open the door of high quality healthcare to families and individuals....
Health Literacy & Health Equity Inextricably Linked

And even if you can find the right door and unlock it, you still have to navigate what can be a very complex landscape.
Including Health Literacy in Communications & Advocacy is Critical

Incorporating “Health Literacy” in your communications & advocacy strategies and tactics has two sides:

• **External:** Advocate for it as an important policy priority
  Promote and advocate for health literacy as a critical component of health care access and health equity.

• **Internal:**
  Assess all your communications and advocacy outputs with a health literacy screen to align them with your audience and maximize effectiveness.
Advocate for health literacy as an important policy priority

• Health Literacy is often the missing piece, but it is the necessary foundation for most health improvement initiatives:
  • Health Equity/Disparities Eradication
  • Health Care Access
  • Health Systems Improvement
  • Effective, Consumer-friendly cost containment
  • Social Determinants

• Meet people where they are, help level them up so they can be informed, engaged, and empowered actors in their health care team.
Including Health Literacy in Communications & Advocacy is Critical

Assess all your communications and advocacy outputs with a health literacy screen to align them with your audience and maximize effectiveness.

- People can’t write about or advocate for something they can’t understand and articulate.
- Meet people where they are and speak the same language
- Don’t assume knowledge
- Focus on constructing comprehensible narratives that align with audiences’ lived experience (cultural competence)
- Whenever possible include actionable information
Including Health Literacy in Communications & Advocacy is Critical

Not integrating health literacy in communications and advocacy outputs undermines your effectiveness.

Who listens, understands, and acts?

HELLO? CAN ANYBODY HEAR ME?
Including Health Literacy in Communications & Advocacy is Key

- Consumer Follow-Up models
- Community Education
- Advocacy
Including Health Literacy in Communications & Advocacy is Key

Consumer Follow-Up models

Enrollment Workers

Other community sites
Community Education

Go to the people

Equip leaders

Multiple points of contact

Multiple & different ways to communicate info

Infographics

Texts

Emails

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<table>
<thead>
<tr>
<th>African American Health Disparities Compared to Non-Hispanic Whites</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>AFRICAN AMERICAN HEALTH DISPARITIES: ADULTS</strong></td>
</tr>
<tr>
<td><strong>Asthma</strong></td>
</tr>
<tr>
<td>x2.1 more likely to die from asthma</td>
</tr>
<tr>
<td><strong>Breast Cancer</strong></td>
</tr>
<tr>
<td>x2 more likely to die from breast cancer</td>
</tr>
<tr>
<td><strong>Cervical Cancer</strong></td>
</tr>
<tr>
<td>x2 more likely to die from cervical cancer</td>
</tr>
<tr>
<td><strong>Prostate Cancer</strong></td>
</tr>
<tr>
<td>x2 more likely to die from prostate cancer</td>
</tr>
<tr>
<td><strong>Heart Disease</strong></td>
</tr>
<tr>
<td>x2.5 more likely to die from heart disease</td>
</tr>
<tr>
<td><strong>Depression</strong></td>
</tr>
<tr>
<td>20% more likely to receive treatment for depression</td>
</tr>
<tr>
<td><strong>Stroke</strong></td>
</tr>
<tr>
<td>40% more likely to die from stroke</td>
</tr>
<tr>
<td><strong>Obesity</strong></td>
</tr>
<tr>
<td>40% more likely to die from obesity</td>
</tr>
<tr>
<td><strong>Maternal Mortality</strong></td>
</tr>
<tr>
<td>x9 more likely to die during pregnancy</td>
</tr>
<tr>
<td><strong>Diabetes</strong></td>
</tr>
<tr>
<td>60% more likely to die from diabetes</td>
</tr>
</tbody>
</table>

**AFRICAN AMERICAN HEALTH DISPARITIES: CHILDREN**

Compared to non-Hispanic white children, African American children are more likely to suffer from the following:

<table>
<thead>
<tr>
<th>Infant Mortality</th>
<th>x2 more likely to die from infant mortality</th>
</tr>
</thead>
<tbody>
<tr>
<td>SIDS</td>
<td>x2 more likely to die from SIDS</td>
</tr>
<tr>
<td>Asthma</td>
<td>x2 more likely to die from asthma</td>
</tr>
<tr>
<td>Obesity</td>
<td>73% more likely to be obese</td>
</tr>
<tr>
<td>Depression</td>
<td>30% more likely to be depressed</td>
</tr>
</tbody>
</table>

How do we reduce racial and ethnic health disparities? We must work together to improve our health care system to make it high-quality, comprehensive, and affordable for everyone.

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*Agency for Healthcare Research and Quality, 2017 National Healthcare Quality and Disparities Reports.  
*CDC, National Vital Statistics Reports, 2017.*  
*National Health Interview Survey, 2017.*  
*Cancer Statistics, American Cancer Society.*  
*National Center for Health Statistics,* National Ambulatory Medical Care Survey, 2014.  
*National Center for Health Statistics,* National Hospital Ambulatory Medical Care Survey, 2015.  
*National Center for Health Statistics,* National Hospital Ambulatory Medical Care Survey, 2014.  
*National Center for Health Statistics,* National Ambulatory Medical Care Survey, 2014.  
*National Center for Health Statistics,* National Hospital Ambulatory Medical Care Survey, 2015.*

FamiliesUSA.org
Including Health Literacy in Communications & Advocacy is Key

Advocacy

Community level
State level
Federal level
Feel free to contact us with questions or share with us your efforts, materials, etc.

[Website Link]
[Phone Number]

Lizette Rivera, Senior Field Associate covering MD
[Email Address]
Speakers

Bonnie Braun, PhD, Founding Director, Horowitz Center for Health Literacy, Professor Emeritus, Pending, School of Public Health Extension Consultant, University of Maryland Extension
Bonnie Braun, PhD
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Three Gifts … Of, By and For the People

- The Morrill Act
- The Hatch Act
- The Smith-Lever Act

May 8, 2014
Health Insurance Literacy

The degree to which individuals have the knowledge, ability, and confidence to:

a) Find and evaluate information about health plans;

b) Select the best plan for his or her family’s financial and health circumstances, and

c) Use the plan once enrolled.

Key Questions I Need to Answer

Why?
• Why do I need health insurance?
• Why is it important?

What?
• What do I need and want?
• What are my choices?

How?
• How much can I afford?
• How much will it cost?

My SMART CHOICE
Insuring Your Health

extension.umd.edu/insure
Framework Guiding Smart Choice

RC + IC & IC = SC
Reduce Confusion + Increase Capability & Increase Confidence
= Smart Choice
How confident are you that you can make a smart choice?

There is a strong positive correlation between the pre-test and the post-test and it is statistically significant ($r = .400, p < .01$). 555 consumers from 6 states.
Educators’ Confidence Also Increased

Confidence to Make a Smart Choice

Smart Choice

Post  Pre

2.5  2.6  2.7  2.8  2.9  3.0  3.1  3.2  3.3
University of Maryland Extension Wants You!

Become a Certified Community Partner Educator
Partner with Extension
Add Your Face

Certified Educator Training
July 8-9
Beltsville, MD

Register by May 31; $225; by June 30: $250
https://www.eventbrite.com/e/smart-choice-health-insurance-certified-educator-training-tickets-11480174511
Acknowledgements

This pilot project was developed with funding from the University of Maryland Extension, College of Agriculture and Natural Resources and eXtension

Program Development team:

University of Maryland Extension:
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Christine Garcia

University of Delaware Cooperative Extension:
Maria Pippidis
Speakers

Michael A. Franklin, FACHE, President and CEO, Atlantic General Hospital/Health System
Atlantic General Hospital & Health System

Our Mission:
To create a coordinated care delivery system that will provide access to quality care, personalized service and education to improve individual and community health.
Atlantic General Hospital & Health System

Our Vision:
To be the leader in caring for people and advancing health for the residents of and visitors to our community.
Community Impact Strategic Initiative
Health Literacy Program

Goal: to introduce health literacy concepts into school curriculum

- Over the past year, Atlantic General Hospital created a workgroup to include AGH, Worcester County Public Schools (WCPS), and the University of Maryland’s School of Public Health to focus on creating a health literacy curriculum in public schools.

- Working with WCPS and University of Maryland School of Public Health to draft & implement the first health literacy standards for public schools in the nation
Health Literacy Statistics

According to a national study, more than half of the U.S. adult population has basic to below basic health literacy. Even people with strong literacy skills in general struggle with health literacy.

Another study, conducted by the U.S. Department of Education, showed that only 12 percent of Americans have proficient health literacy skills.

Low health literacy impacts health outcomes. Low health literate individuals are:

- More likely to skip important preventative actions (i.e. immunization, cancer screenings, dental visits)
- Sicker when they seek help and enter the healthcare system
- More likely to have chronic conditions
- Use hospitals and emergency services more often

In Worcester County

Teens reporting their physical health as fair to poor increased from 2.6% in 2006 to 7.7% in 2009.

The rate of obesity among teens is on average 10%.

Only 24% of adolescents report eating five fruits and vegetables per day.

Only 17% of teens report getting 20 minutes of vigorous activity daily.
Pioneers in Health Literacy Improvement Right in Our Community

• Until now, no standards have been available to guide teachers in integrating health literacy principles into their science, language arts and social studies lessons. Those standards are still in draft form, pending the results of a pilot program that second grade teachers at Ocean City Elementary School will begin during the 3rd and 4th terms of this school year.

• Upon successful completion of the pilot project, the principles will be extended into curriculum in other grades in all the public schools in Worcester County. The goal is for the health literacy integration standards to be available for adoption by school systems across the country.
Examples of Health Literacy Integration into Core Curriculum

• Health concepts should no longer be confined to health and biology classes. Health literacy integration is about weaving health concepts into existing math, science, reading and social studies lessons to increase students’ exposure to this information and, thus, increase their understanding. Good health literacy is critical to good health.
Example 1:

*Reading Comprehension and Math*

When reading a story about the dedication of a team of dancers, the students will be taught the importance of physical activity for healthy hearts.

As part of this exercise they will choose from various activities which are the most heart healthy. During the lesson they will also learn how to measure their heart rate.

Example 2:

*Reading Comprehension*

In a story about a trip to the emergency room the students will be introduced to the concept of describing pain.

As part of this activity they will be able to identify in words the location of the pain and use words to describe the characteristics and intensity of the pain.
Feedback from a Second Grade Teacher

“Well we are midway through week one of our first Health Literacy Unit. Let me begin by saying....The kids LOVE IT!!!! They are so excited and motivated every day. The buzz word this week has been ‘heart healthy’.

The kids are doing exactly what you would want them to do...they are talking to each other about heart healthy activities and are able to explain to one another what that means.”
Feedback from a Second Grade Teacher

“Today, at the end of the day, one of my students said that his friend always wants to play video games after school, and now he was going to talk to him about giving his heart 60 minutes of exercise a day.

As well, after using the pulse ox, other students have talked about going home and sharing their resting heart rate with their parents. I would love to be at some of their dinner tables this week to hear the discussions at home.”
Health For All: Integrating Health Literacy Concepts into K-8 Curriculum

YEAR 1 Pre-Test Summary

March 13, 2014

Erica Doxzen, MHS, Graduate Student
Linda Aldoory, Ph.D., Director
Herschel S. Horowitz Center for Health Literacy
University of Maryland
School of Public Health
College Park, MD 20742
Pre-Test at Ocean City Elementary School

On February 3-4, 2014, the University of Maryland Horowitz Center for Health Literacy conducted 95 pretest interviews with 2nd grade students from Ocean City Elementary School. The majority of the students (98%) were 7 or 8 years old; 56% was male and 44% was female.
Health of the Students

The majority of students (72%) reported that they considered themselves “pretty healthy,” and 22% said they were “the most healthy they could be.” Seventy-seven percent of students felt very confident that they could eat healthy.
Health in the Classroom

• Approximately a third of students (37%) had heard the words “heart healthy,” and of those students, the majority (65%) heard about it in their ‘specials’ (i.e. PE class). About half (44%) of students said they knew how to take their heart rate, and of those students, 64% reported learning this skill in their ‘specials’ (i.e. PE class).

• More than half of students (62%) recalled talking about healthy eating in school. When asked if students had seen the USDA’s “MyPlate,” 82% said yes, however, very few (4%) were able to correctly identify how to use “MyPlate.”

• The majority (74%) of students reported that they had not learned anything in school about how to talk with doctors or nurses about health; however, 63% of students still felt very confident that they could talk with a doctor/nurse about how they were feeling.

• Less than half of students (39%) reported recognizing the “Pain Rating Scale.” Those students that had seen the scale interpreted it in general, with smiley faces depicting general emotion (e.g. happy, sad, angry), rather than as a measure of pain level.
Health in the Home

Twenty-six percent of students said they talked about heart healthy activities in their home, yet 72% of students reported talking about healthy eating at home. The majority of students (72%) reported being on a computer or the Internet “some nights” out of the week, and 79% reported being outside or moving around “some nights” or “every night” of the week.
Health Literacy Skills

• About half (49%) of students felt that advertisements/commercials could change the way kids think about food. The majority of students were able to identify simple characteristics of a nutrition label. Responses ranged from stating that it has numbers and words to identifying indicators of “healthy” vs. “not healthy” (e.g. sugar, fat).

• Approximately half (55%) of students were able to correctly identify the number of grams of sugar in the food item (e.g. 23), but only 12% were able to also correctly identify the unit of measurement (e.g. grams).

• Twenty percent of students were able to correctly state how many servings were in the container, and while many students were able to state how many calories were in one serving, only 2% were able to identify the total number of calories in the entire container.

• 30% of students were able to correctly read the nutritional label to determine if the food item was safe to eat for a child with food allergies.

We hope that this will be an area in which we will see positive change, as after the curriculum, students will be able to correctly navigate nutritional labels and make appropriate calculations to inform healthy decision-making.
Next Steps

• To introduce health literacy concepts into all 2nd Grade school curriculum throughout Worcester County in 2014-2015 school year.

• Meeting with the principals of all schools with grades 1 through 8, with the goal of developing integration of health literacy concepts into the curriculum of at least one additional grade level class in the second half of the year.

• By 2015 school year, concepts fully implemented with proposal for inclusion statewide.
Speakers

Alma Roberts, FACHE, President and CEO, Baltimore Healthy Start
Federal Healthy Start Initiative is a network of 105 projects with 23 years of experience in providing culturally authentic services to underserved and marginalized urban, rural, tribal and border communities throughout our nation.
Federal Healthy Start Sites, 2012

# of sites:
- 0
- 1
- 2-4
- 5-9
- 10-15
Baltimore Healthy Start, Inc.

Be A Good Neighbor

- Healthy Start is a “shovel ready” CBO operating in ACA targeted communities
- Currently provides community-wide education and awareness about insurance and health care options
- Already outreaches to and enrolls “hard to reach” populations
- Ensures “Access” not just coverage
- Provides Chronic Disease Care Coordination
- Focuses on Women’s Health and Wellness
Baltimore Healthy Start is:

- One of the original 15 in a network of 105 Healthy Start projects nationally
- The only federally funded program of its kind in Maryland.
- Has served over 18,000 pregnant and postpartum women over its 22 years.
- Deploys 40 Community Health Workers throughout Baltimore City
Baltimore Healthy Start, Inc.

Be A Good Neighbor

Baltimore Healthy Start is a Connector Entity under Health Care Access Maryland (HCAM), the Central Maryland Connector.
Our Team:

- **Project Director-** 1 FTE- also a Certified Navigator
- **Navigators –** 3 FTEs- Experience with hard to reach consumers
- **Assisters-** 6.5 FTEs- Community members and past clients
Outreach and Enrollment Strategies:

• Coordinate monthly enrollment events at community sites
• Conduct Door to Door Outreach
• Launch Corner Campaigns
• Neighbor to Neighbor Campaigns
• Establish Community Hub Sites
• Hold Health Fairs
• Put on Presentations and Workshops
• Establish a Referral Network of CBO, FBO, and Provider Offices
Good Neighbor-Peer to Peer Campaign:

Sharing information about Health Insurance Enrollment - Neighbor to Neighbor

**Purpose:** To expand our neighborhood outreach network. To identify neighborhood ambassadors.

**Strategy:** Deploy political campaign strategies of yard signs and house parties for increased visibility about ACA.
Baltimore Healthy Start, Inc.

Be A Good Neighbor

Good Neighbor Peer-to-Peer Campaign:

<table>
<thead>
<tr>
<th>Target Audience</th>
<th>Partners with Signs</th>
</tr>
</thead>
<tbody>
<tr>
<td>➢ Ages 19 -64</td>
<td>➢ Baltimore Healthy Start Enrollment Sites</td>
</tr>
<tr>
<td>➢ Families</td>
<td>➢ Community Based Organizations</td>
</tr>
<tr>
<td>➢ Individuals</td>
<td>➢ Faith Based Organizations</td>
</tr>
<tr>
<td>➢ Small business owners</td>
<td>➢ Neighborhood Businesses</td>
</tr>
<tr>
<td>➢ Working or unemployed neighbors</td>
<td>➢ Hair Salons/Barber Shops/Nail Salons</td>
</tr>
<tr>
<td>➢ Married and Single family households</td>
<td>➢ Neighborhood Convenience Stores</td>
</tr>
<tr>
<td>➢ High School graduates</td>
<td>➢ Libraries</td>
</tr>
<tr>
<td>➢ College Students</td>
<td>➢ Homeowners</td>
</tr>
<tr>
<td>➢ Men and Women</td>
<td>➢ Community Recreation and Health Centers</td>
</tr>
<tr>
<td></td>
<td>➢ Job Placement Centers</td>
</tr>
<tr>
<td></td>
<td>➢ Partnering Schools</td>
</tr>
<tr>
<td></td>
<td>➢ Community Colleges/Trade Schools</td>
</tr>
<tr>
<td></td>
<td>And more</td>
</tr>
</tbody>
</table>
Getting the Word Out:

**HEALTH INSURANCE ENROLLMENT SITE**

Do You Or Someone You Know Need Health Insurance?

Inquire Within or Call for Days and Times

410-396-7318

www.baltimorehealthstart.org

www.marylandhealthconnection.gov

“Moving Your Healthcare Forward”

**Health Start Mobile Text Messaging: STAY ALERT!**

Want to receive important alerts about the new health insurance marketplace, open enrollment, upcoming activities and events, and more? Text the words Healthystart to 55469 to sign up to receive important mobile alerts.
Benefits and Outcomes:

- Improve Outreach Efforts
- Build Community Capacity
- Increase Trust and Understanding
- Debunk Myths/Misinformation about ACA
- More Neighbors with Health Insurance
Taking extra steps:

- Following up to see if those enrolled received their ID cards
- Referring pregnant and postpartum women to home visiting programs
- Being available for follow up questions
Thank You!

Alma Roberts, MPH, FACHE  
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Baltimore Healthy Start, Inc.  
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Baltimore, Maryland 21218  
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alma.roberts@baltimorecity.gov
Question and Answer Session

If you would like to ask a question:
1. Hit *6 to unmute your phone
2. When prompted, press 1 to enter the question queue
3. When prompted, state your name, organization and question.
Wrap-Up

Leni Preston, Chair, Maryland Women’s Coalition for Health Care Reform
Stay Informed & Get Involved

• Join the Coalition and encourage others to join:
  – Newsletters, Alerts, Member Calls & Webinars
  – Facebook and Twitter
• Invite us over.
• Share your stories
  www.mdhealthcarereform.org

Complete the Webinar Survey!

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Resources You Can Use

We will post a webinar resource link on the Coalition webpage, www.mdhealthcarereform.org to include:

• Recording of this webinar;
• Copy of this PowerPoint presentation
• Other On-line and E-Learning opportunities referenced in this presentation.
Resources You Can Use (cont’d.)

• **Maryland**
  – Health Services Cost Review Commission (Medicare Waiver) – [www.hscrc.state.md.us](http://www.hscrc.state.md.us)

• **Federal**
  – Department of Health & Human Services (HHS) [www.healthcare.gov](http://www.healthcare.gov)
Thank you for participating!

- Please direct additional questions and requests for information to:
  - Leni Preston, leni@mdchcr.org
  - Josie Kalipeni, jkalipeni@familiesusa.org
  - Bonnie Braun, bbraun@umd.edu
  - Michael Franklin, mfranklin@atlanticgeneral.org
  - Alma Roberts, alma.roberts@baltimorecity.gov
Health Literacy: Taking the Guess Work Out of Care.

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