

# RECOVERY

*The official newsletter of the  
Fletcher Group Rural Center Of Excellence*



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## HONORING WOMEN’S HISTORY MONTH

*by Founder and Chief Medical Officer Dr. Ernie Fletcher*

The origins of Women’s History Month go back to 1980 when Congress authorized President Carter to proclaim the week beginning March 8 as “Women’s History Week.” In response to a 1987 petition from the National Women’s History Project, Congress designated March as “Women’s History Month.” And since 1995 every U.S. President has issued an annual proclamation designating the month of March in honor of the contributions made by women throughout American history.

Inspired by the hopes and dreams of my daughter and grand-daughters, I proudly support the rights of women to speak up, challenge expectations, and dream big. For me, Women’s History Month is more than a celebration of past accomplishments. It’s also a call to action.

I hope you’ll join the Fletcher Group in challenging inequality, calling out bias, questioning stereotypes, and forging an ever-more equitable and inclusive world where everyone has a fair chance to achieve their full potential.

# EXPERIENCE, STRENGTH & HOPE

*By Jennifer White*  
*Fletcher Group Director of Health Initiatives*

We've come a long ways since the early 1940's when women with substance use issues were isolated to the fringes of society, shamed as disreputable, denied access to recovery meetings, and publicly discriminated against.

We can thank Anne Smith, the "Mother of Alcoholics Anonymous," for demanding that respect, dignity and inclusion be afforded all women. Betty Ford's recovery journey and work through the Hazelden Foundation also had a strong impact. But the most influential woman in twentieth-century recovery was Marty Mann. As a founding member of the National Council on Alcoholism and Drug Dependence, Mann advocated tirelessly for medical parity and testified repeatedly before congress. The "First Lady of Alcoholics Anonymous" re-defined substance use as a disease and stigma as "a dark fog of ignorance and misconception." Her fearless advocacy and willingness to share her recovery story opened the door for women like me to do the same.

Over two decades and many attempts, I too became a woman dedicated to long-term recovery. My journey began in a large metropolitan area with the help of many strong women in recovery drawn from a wide range of social and ethnic backgrounds. They were the ones I'd call in the middle of the night when I doubted my ability to continue. I'll always be grateful to them for believing in me when I wasn't able to myself.

## Time For A Change

Two years into my recovery I moved to a rural Appalachian community of 23,000 where recovery meetings were available just twice a week and only one other woman shared my commitment to recovery. It was difficult, but eventually I realized that this small town was exactly where I was meant to be in order to strengthen my recovery, learn the importance of education and advocacy, and support others.

Our local recovery community has grown substantially over the past twelve years. In addition to having many women dedicated to long-term recovery, our small town now supports several NARR Level 1 and 2 women's recovery homes and a number of women's recovery meetings, social model recovery programs, and clinical program models.



Lowering discriminatory barriers is not easy. But, working together, our women in recovery have helped open the hearts and minds of those who once doubted our value. Local citizens have seen that recovery is possible and have witnessed the tangible difference we've made in contributing to a healthier, happier community.

I will always be grateful to Anne Smith, Betty Ford, Marty Mann and all the other guiding spirits who have carved a path for me and other women in recovery. Because of their courage and inspiration, we are able to share our experience, strength, and hope and show that women can not only recover, but thrive!



# MOTHERS COME FIRST

By Milena Stott  
Fletcher Group Outreach and Engagement Specialist

Many of the 28 million women living in rural America lack healthcare and one in seven have no health insurance.\* Women without healthcare are unfortunately less likely to seek it for their children, setting in motion a multi-generational ripple effect.† The lack of preventive care hurts taxpayers, too; chronic disease and behavioral health crises are far more expensive to address in emergency rooms and intensive care units.

Medicaid pays for more than 40% of all U.S. births, but many mothers lose their insurance coverage just two months later while still in need of housing and services.‡ Mothers with Opioid Use Disorders (OUD) face the added challenges of stigma, shame, and discrimination.

## What To Do?

The first and most critical step is to make sure pregnant and postpartum women have a safe, supportive place to live. To that end, here are four ways you can help protect rural moms with substance use issues.

### 1. Support Universal Health Coverage

Federal law requires states to extend Medicaid eligibility to all pregnant women with incomes up to 138% of the federal poverty level. In many states, that minimum has been extended as high as 380%. But, with public support, the *duration* of eligibility can *also* be extended.§

### 2. Implement Women-Centered Models Of Care

Pregnant and Parenting Women (PPW) are prioritized in Federal Substance Abuse Block Grants in order to improve parenting skills, provide developmental support for high-risk children, and prevent family separation. You can use these grants to provide pre- and post-natal medical care, legal advocacy, and safe, affordable housing.

### 3. Promote Collaboration and Blended Funding

The services available to pregnant and post-partum Medicaid beneficiaries with Opioid Use Disorders are often fragmented and expensive. The Maternal Opioid Misuse Model (MOM) coordinates clinical care and integrate services to improve quality while lowering costs.



### 4. Emphasize Workforce Training

A recent study spells out the best way of helping entry-wage workers move up the ladder: Make sure infrastructure investments in transportation, housing, healthcare and broadband also include workforce development and childcare.¶

As you may know, the Fletcher Group works hard to provide rural communities with the Technical Assistance they need to build partnerships, overcome stigma, and implement the kind of evidence-based Best Practices that can really make a difference.

As we honor Women’s History Month, we look forward to your continued support of mothers and their children. Nothing is more important to the health and wellbeing of rural America.

\* US Census Bureau 2007-2011  
† Giberson and Taddoni 2014  
‡ A CDC report  
§ The Kaiser Family Foundation’s Postpartum Medicaid Report  
¶ The Federal Reserve Bank of Atlanta

# THE POWER OF MENTORSHIP

*By Janice Fulkerson  
Fletcher Group Chief Operating Officer*

Mentorship unleashes human potential in countless organizations, from Big Brothers Big Sisters of America to academia and local chambers of commerce. And though millions credit it for their business success, mentoring is equally important for those in recovery.

Regardless of the title—Recovery Coach, Peer Support Specialist, Sponsor, or Mentor—the one-on-one, symbiotic nature of mentorship nurtures the connections, learning and skill-building that leads to personal growth and empowerment. Mentors benefit as well by sharing their inspiration, vision, and experience.

The advice and support given through a mentoring relationship can help anyone—man or woman—address a wide range of subjects, from personal and professional relationships, workplace goals, and strengths development to parenting and reproductive topics, the steps needed to maintain long-term recovery, and the educational needs of both parents and children.

## How To Find One

Anytime is a good time to find a mentor. Having more than one is great, too. And if you're in recovery and looking for one, here are some suggestions that might be helpful, particularly if you live in a rural area where recovery services may be lacking.

- Contact a local 12-Step Group or counseling program
- Reach out to the alumni of a recovery residence
- Search online for a women's mentoring program
- Ask your local hospital about health coaches, wellness centers or other mentorship programs
- Inquire with your local community center or chamber of commerce
- Ask local colleges if they have a rural extension office or provide technology that connects to urban services
- Ask local hospitals and health clinics if they provide referral sources and meetings focused on rural health
- Ask urban peer-support groups if they outreach to rural communities or facilitate virtual mentoring

Keep in mind that mentoring programs that formally focus on particular populations—such as kids, seniors and veterans—may sometimes extend their resources to others or can at least connect you with other resources. Of course, you'll ultimately need to decide whether the mentor you find is a good fit for you. Writing down your goals as specifically as possible can help.



Mentorship in my experience has always been win-win. When women connect with other women, the pay-offs are endless. And when women mentor young girls, they provide the critical social and emotional support needed to grow and succeed. In my own work with Big Sisters Big Brothers, I tell the young girls to “Be brave, be curious, be self-aware.”

As we celebrate Women's History Month, it's important to recognize the vital role women play for each other through mentoring and how future generations will benefit from the good work we do today.

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*When we invest  
in women and  
girls, we are  
investing in the  
people who  
invest in  
everyone else.*  
—Melinda Gates