

SPIRITUAL COURAGE AND THE POWER OF PARTNERSHIP: HOW ONE COASTAL COMMUNITY IS CHANGING WOMEN'S HEALTH CARE

Gwynne Guzzeau, Jayne Sheehan, Janice Murphy, Eli Ingraham

Abstract

Helping Our Women (HOW), a small 501(c)3 nonprofit organization serving women living with chronic or serious health conditions in the rural coastal region of Cape Cod, Massachusetts, US, has been operating as a partnership model for thirty years. This article reveals how Riane Eisler's "right mindset" was present in the community culture that fostered HOW's formation and is still present in its organizational DNA and explores how economically challenged rural communities value caring as essential work through their generosity and altruism. Rick Mauer's Levels of Resistance model is used as a tool to explain some of the challenges of actualizing Eisler's partnership ideal. Eisler's foundational emphasis on mutual respect, accountability, spiritual courage, and equity is recognized as the through-line of continuous evolution and community resilience.

Key words: health care, women's health, health equity, Cape Cod women, Helping our Women, women's health care, rural health care, coastal communities, health transit services, community partnerships

Copyright: ©2024 Guzzeau. This is an open access article distributed under the terms of the Creative Commons Noncommercial Attribution license (CC BY - NC 4.0), which allows for unrestricted noncommercial use, distribution, and adaptation, provided that the original author and source are credited.

On a narrow spit of sand connected to the eastern U.S. mainland by two 84-year-old bridges, a small human services agency, Helping Our Women (HOW), has been operating as a beacon of Riane Eisler's partnership framework for more than 30 years, demonstrating that local communities in rural areas value caring and caregiving as essential elements of human society.

Helping Our Women manifests Eisler's partnership ethos, and is also deeply aligned with the mission of the University of Minnesota School of Nursing (a co-sponsor of this journal), particularly its [Center for Flourishing Health Care Communities](https://nursing.umn.edu/centers/center-flourishing-health-care-communities) (<https://nursing.umn.edu/centers/center-flourishing-health-care-communities>).

HOW's operating principles include:

- Essential work caring for people is recognized and assigned real, economically quantifiable value.
- Love, caring, and empathy are the “right mindset” needed for a partnership system to thrive.
- Relations based on mutual respect, accountability, and equity are achievable when understood as part of a continuous improvement process.
- Valuing the lived experience of women is fundamental to addressing social problems (Helping Our Women, 2022).

THE SETTING

HOW is a Massachusetts 501(c)3 nonprofit organization that serves a geographic area originally inhabited by the Nauset Wampanoag tribe – People of the First Light – since 4000 BCE (National Park Service, 2017). HOW's service region comprises the four towns of Provincetown, Truro, Wellfleet, and Eastham, also known as The Outer Cape. Cape Cod is a rugged landscape, formed during the Ice Age as glaciers retreated. Its distinctive shape, a bent arm and cupped fist, attest to the audacious spirit of its people (National Park Service, 2015). This area of Cape Cod is a resilient sliver of land, constantly adapting to the winds, waters, and wash-ashores that leave their indelible mark.

Much like the early agrarian cultures described in Eisler's *The Chalice and the Blade: Our History, Our Future* (1995), Outer Cape residents “recognize that we and our natural environment are integrally linked and that all nature must be respected” (p. 3). Coastal Cape Codders live in partnership with the land and sea similar to peoples living in rural, rather than urban, areas of the world.

This unique geography, combined with limited year-round housing, imposes significant challenges for full-time Outer Cape residents, who number just over 15,000. These challenges are exacerbated by huge seasonal influxes of summer residents who put pressure on both environmental and economic resources (Hinton, 2023). In Provincetown alone, the population increases from 3,700 year-round residents to over 50,000 in summer months (Korejwa et al., 2017). In the shoulder season (late spring and early fall), most restaurants, shops, and other businesses close, leaving year-round residents with few options for purchasing food, accessing health care, or securing employment in this region where hospitality and tourism drive the local economy. In many local towns, residents work two or three jobs to make ends meet (Quinn & Coxe, 2018).

THE DEMOGRAPHICS

Immigrant and migrant seasonal workers, largely from the Caribbean Islands, Latin America, and Eastern Europe, come to Cape Cod for the summer tourism season to be cooks, cleaners, landscapers, or property managers. Many of these immigrants have permanent resident status, some are small business owners, and others return home to secure work visas for the following year. The Cape Cod Commission's (CCC) 2024 review of recent U.S. Census data revealed that most of these migrant workers are people of color, working in a population that is more than 85% White.

Age demographics are another noteworthy factor on the Outer Cape. In mid-to-late August, vacationing families leave and seniors aged 60+ become the predominant demographic, comprising 40% of the population on Cape Cod (CCC, 2024). The Outer Cape's ratio of older adults is significantly higher than the State of Massachusetts' rate of 23% (Neilsberg Research, 2023).

Social and Health Disparities

Disparities in social determinants of health (SDOH) may be the most widespread challenge in the Outer Cape region. Access to public transportation, health care,

broadband, childcare, and housing are consistently cited as key issues for the Outer Cape in the Cape Cod Healthcare Community Health Needs Assessment (Cape Cod Healthcare, 2022).

Although there are two health clinics in Provincetown and Wellfleet that form Outer Cape Health Services (OCHS), there are significant wait times for primary care providers and behavioral health services. In addition, the entire county of Barnstable is considered a Medically Underserved Area with Medically Underserved Populations (Health Resources & Services Administration U.S. Department of Health & Human Services, 2024). Residents of Provincetown and Truro live further from a hospital than any other Massachusetts citizen; it is a minimum 90-minute drive from Provincetown to the closest hospital in Hyannis, with drive times often exceeding two hours in summertime.

People without private transportation must rely on the Cape Cod Regional Transit Authority's transport service, which can take many hours and offers only one viable option for doctor's appointments. If a patient misses the bus, a taxi ride home to Provincetown costs \$156. Outer Cape residents have sub-optimal access to local health-care services and specialists located 50 miles away in mid-Cape (Hyannis) or 115 miles (2.5 hours) away in Boston.

These material factors – lack of easy access to health care, geographic isolation and resulting social isolation, high median age, lack of affordable housing, lack of well-paying permanent jobs, and a migrant workforce – comprise this region's health-care disparities. Eisler's Cultural Transformation Theory might suggest that rural communities like the Outer Cape are likely to hold beliefs or social structures arising from a sense of scarcity, qualities common in domination-based societies. In *Nurturing Our Humanity: How Domination and Partnership Shape our Brains, Lives, and Future*, Eisler and Fry describe how “domination cultural environments not only harm health but also tend to keep people in an arrested state of development focused on what

psychologists call ‘defense’ or survival needs rather than ‘growth’ or actualization needs” (2019, p.121).

Despite this formidable ecosystem of socio-economic and health-care disparities, one small group of committed women transcended the odds. With no resources other than their *altruistic ingenuity*, they created an innovative community health-care solution predicated on caring, sharing, and partnership. Interestingly, Eisler and Fry’s observations about neuroscience provide valuable insight: “Women frequently deal with stress by joining together to care for one another and for their own and other’s children” (2019, p.81). Further, this feminine “tend-or-befriend response to stress involves oxytocin, vasopressin, and other substances connected with bonding, caring, and caregiving” (2019, p.81). And so begins the HOW story.

CREATING A PARTNERSHIP MODEL

When discussing HOW’s formation, most people say HOW’s story began with Jenny Shakespeare, a woman living alone in Provincetown in the early 1990s, undergoing breast cancer treatment and relying on a group of friends to provide rides to medical appointments, caretaking, and other daily living supports. In truth, the HOW story began much earlier, and is rooted in the spiritual courage Eisler cites when discussing how people defend against domination-based systems in favor of partnership-oriented ones:

But now when I think of spirituality I think of love, not in some abstract way but in action. I think of what I have called spiritual courage: trusting our impulse to reach out to others, to help others, to challenge injustice - not out of hate, but out of love. But unfortunately, much in our culture stifles, and all too often silences, that empathic and caring inner voice. So when I speak of being spiritual, I do not think of it as just a personal matter. It is a cultural and social matter. And all too often it is a matter of standing up against what is presented to us as traditional wisdom. (Eisler, 2015)

In the early 1980s, the AIDS epidemic was raging (Rolbein, 2020). Men traveled to Provincetown from all parts of the United States to find care when there were no treatment options available elsewhere (Rolbein, 2020). Discrimination against AIDS patients and LGBTQ+ people was endemic, but Provincetown had always been a safe haven for artists, queer folks, and non-conformists (Rolbein, 2020). It was during the AIDS epidemic that Provincetown manifested exceptional altruism and spiritual courage by providing unconditional care for an extremely vulnerable and ostracized community (Provincetown History Project, 2024-b). The cause of HIV/AIDS was still unknown and treatment protocols were non-existent, putting health-care workers at high risk (Provincetown History Project, 2024-b). Nevertheless, Alice Foley, a Provincetown nurse, co-founded the AIDS Support Group of Cape Cod (ASGCC) and rallied other local women to help people with AIDS, even when the risk of infection was imminent (Provincetown History Project, 2024-a). These women inspired other local residents to create a second grass-roots organization that provided advocacy, education, and support to people with AIDS: the Provincetown Positive People with AIDS Coalition (Provincetown History Project, 2024-b).

In *The Chalice and the Blade*, Eisler (1995) makes numerous references to the connection between women and healing, dating back to the Neolithic period. This connection was still vibrant into the first century BCE; as Eisler states, “From the writings of Diordorous Siculus in the first century BCE we learn that at that late date not only justice but healing was associated with women” (p.70).

Like these ancestral healers, the women of Provincetown and their allies demonstrated tremendous spiritual courage, “trusting [their] impulse to reach out to others, to help others, to challenge injustice – not out of hate, but out of love” (Eisler, 2015). Eisler’s observations about this altruistic impulse are compelling: “[R]ecent studies show that, contrary to popular belief, people are happier when they help others rather than when they just look out for themselves. When altruistic choices prevail over selfish material interests, brain regions associated with psychological rewards of pleasure are activated” (Eisler & Fry, 2019, p.115).

It was the collective efforts of local *women* that activated the powerful elixir of care, education, and ongoing support. Their selfless actions shifted prevailing norms that *held back care* from a sick constituency toward greater compassion and *responsibility to care* for those within a community's embrace. Although men also came forward as care providers during this time, *women* were the primary crisis response team in the earliest phases of the epidemic. Like the "wise women" of old, it was as if they had "magical powers" affecting health (Eisler, 1995, p.141). It was largely due to their efforts that the ASGCC received funding from the state and county, as well as private donations, to support their caregiving mission. This financial support not only made their caring work possible, it was proof that the community assigned "real, economically quantifiable value" to ASGCC's work – a fundamental aspect of Eisler's (2007) partnership framework.

The challenges of the AIDS epidemic, and the combined community and agency responses to it, laid a new foundation for the future of health care on the Outer Cape. Communities realized they could support other at-risk constituents, particularly women with cancer or other chronic health conditions. In 1993, Helping Our Women was formed, in a one-room office provided rent free by a local business owner. At first, volunteers provided rides to medical appointments. Over time, these services expanded to include financial assistance for alternative care treatments, support groups, and benefits assistance, as well as referrals to other agencies.

Over thirty years later, HOW provides these same services, and more, to 300+ community members living on the Outer Cape from two women's resource centers that bookend the service area – Provincetown and Eastham.

In 2023, five employees, 11 board members, 30+ volunteers, 500+ donors, and numerous partner agencies made it possible for HOW to provide the following services:

- 884 rides to health-care services in Cape Cod and Boston
- \$156,000+ in financial assistance for health-care services
- 1,442 food-related services (pantry visits, grocery shopping, home delivery)

- 5,300+ client interactions (visits, support groups, advocacy, benefits help)
- \$650,000+ raised from donors, grants, and other funders

HOW's founding mission to educate, empower, and support women living with chronic or serious health conditions in the four Outer Cape towns has expanded to include an open-door policy to provide resources and referrals to *all* community members. In addition, the founding values of compassion, assistance, and support remain vital aspects of HOW's organizational culture in 2024. HOW's mission has evolved from helping those living with significant health conditions and surviving, to *thriving at an optimal state of health* based on each person's unique health and wellness journey. This deliberate 'mission creep' harmonizes with Eisler's observation that "the evolutionary function of love takes us *beyond survival*" and that loving environments are needed "to fully develop human capacities for love, consciousness, creativity, planning, and choice" (Eisler & Fry, 2019, p.54).

Eisler's research on the "female ethos" in *The Chalice and the Blade* (1995) also provides a remarkable backdrop for HOW's care-based values system. Eisler describes how the 19th century feminist movement set in motion the gylanic (partnership-oriented) thrust of our time that "vastly humanized society" as a whole:

For it was through the impact of the 'female ethos' embodied in women like Florence Nightingale, Jane Addams, Sojourner Truth, and Dorothea Dix, that new professions like organized nursing and social work emerged, the abolitionist movement to free slaves gained massive grass roots support, that the treatment of the insane and mentally deficient became more humane. (Eisler, 1995, p.151).

HOW continues to evolve its reach and mission, enriching its story as a community-driven organization engaged in redefining rural public health care. The following section uncovers some of the health equity initiatives addressing gaps and disparities in women's health and wellness services.

Public Health Equity Initiatives

According to the 2022 Cape Cod Healthcare Community Needs Survey (2022), only 16.4% of respondents reported that health or medical services for women were “very easy” to access. General “access to healthcare services” was the second highest concern with 74% of respondents identifying this as the biggest social issue impacting the community. Transportation was identified as the fourth most prominent issue. Of these respondents, 82% of Outer Cape residents identified “access to healthcare” as the primary issue and 50.7% identified transportation as a primary issue (Cape Cod Healthcare, 2022). In a separate survey conducted by Provincetown, Truro, and Wellfleet Health Agents in the fall of 2022, 53% of the 1,019 respondents stated that they did not have adequate access to health care (Barrett, 2023).

Women’s physical, emotional, and economic health has been disproportionately impacted by the COVID-19 pandemic. The World Health Organization (WHO), as well as other U.S. based agencies, found that women were more likely to be diagnosed later and die earlier than men, and that re-directing health-care resources to COVID-19 left many women without the care needed to maintain their health (WHO, 2022). Madgavkar et al (2020) found that women are more vulnerable to the pandemic’s economic effects because of existing gender inequalities.

In addition to reduced access to adequate medical care and the physical health impacts of COVID-19, the *loneliness* epidemic (described by the U.S. Surgeon General as lethal and akin to “smoking 15 cigarettes a day” (in McGregor, 2017) was exacerbated by the isolated geography of the Outer Cape. According to a March 2022 Kaiser Family Foundation (KFF) report, 47% of women and 48% of people living with chronic or serious health conditions (like the 300+ women HOW serves) were experiencing anxiety or depression (Panchal, 2023). The CCHCNS showed that “general stress from everyday life” and “social isolation or loneliness” were the second and third highest concerns for community mental health (2022, p.39-42). In response to this growing trend, HOW raised capital for a second location to serve its most vulnerable population more

equitably. This new site is a non-clinical Women’s Wellness Center (WWC) focused on education, prevention, social connection, and direct services.

One of the key recommendations from the United Nation’s Women COVID-19 Response Brief was “planning public spaces” for women and girls to address gender equity concerns around females feeling psychologically *safe* in public spaces rather than *fearful* of gender-based discrimination, harassment, or violence (United Nations Women, 2020 p. 4-5). Studies by the National Institute of Health’s Office of Research on Women’s Health show that women’s perception of gender bias in the quality of health care or access to evidence-based health care is real: “Women’s symptoms can lead to diagnostic delays for diseases such as cancer or cardiovascular disease most likely related to expected gender norms and power relationships within patient-provider interactions.” (Barr & Tempkin, 2022, p.1). These sentiments reflect the gender-based prejudices inherent in existing policies and practices, as underscored by Eisler:

The problem begins with the fact that the information gathered by most experts chronically leaves out women. Thus, most policymakers work with only half a database. But even if the data is before their eyes, policymakers still cannot take appropriate action if the present system is maintained. (p.175).

HOW’s WWC provides public space for women to learn, get support, join community, receive advocacy, and find assistance to navigate the challenges of living with major health issues on the Outer Cape. In addition, the WWC provides space for HOW’s peer-to-peer wellness coaching programs (PWC) that promote resilience after the COVID-19 pandemic, post medical treatment, and in response to the pervasive loneliness of battling prolonged illness in remote areas.

In the past several years, the number of women and households HOW serves increased by sixty-one percent. Currently, of HOW’s 300+ client members:

- 29% are living with cancer (or have completed treatment)
- 12% are women of color

- 60%+ are over the age of 60
- 55%+ are living alone
- 50% live at or below 210% of the federal poverty level.

Further, the WWC and PWC help underserved members of the Outer Cape community identified by the Community Health Needs Assessment Report: one town has the second-highest number of foreign-born residents in the county (Provincetown 11.7%); two towns have higher percentages of non-English speaking residents than the rest of the county (Provincetown 10.6%; Wellfleet 13.2%). In addition, two towns have poverty rates higher than the county: Provincetown 10.5% and Wellfleet 9.8% (Cape Cod Healthcare, 2022). Eisler’s research reveals that “According to U.S. government figures, families headed by women are the poorest in America, with a poverty rate triple that of other families, and two of three older Americans living in poverty are women” (Eisler, 1995, p.177).

HOW’s programs offer connection, community, and services to build resilience and a pathway to optimal health for these women, as well as other community members who access its health education and social connection programs.

A Systems Approach to Partnership

Helping Our Women holds a key tenet of Eisler’s partnership model at the heart of its work. HOW builds connections through *linking* (hierarchies of actualization), rather than through *ranking* (hierarchies of domination) when providing support and engaging in advocacy. It is fitting that Eisler (1995) uses a health-related biological reference in describing the advantages of a *linked* construct: “These (actualization hierarchies) are the familiar hierarchies of systems within systems, for example, of molecules, cells, and organs of the body: a progression toward a higher, more evolved, and more complex level of function (p.106).

A common refrain of HOW management is, “We are all just one diagnosis away from needing to call Helping Our Women.” HOW is not just an organization, it is a concentric

community of care: some members volunteer, some donate, some receive services, and some do all three. By centering those in need at its core, and maintaining porous, interactive boundaries between layers, HOW embodies Eisler and Fry's (2019) notion of a partnership-based organization:

The critical difference in partnership cooperation and domination cooperation is the purpose to which the teamwork is applied. In partnership systems the outcome tends to promote human well-being and can be seen as reciprocally positive or generally prosocial, whereas in domination systems cooperation can also be harnessed to exploit, subjugate, and abuse – or in other words, to dominate – other human beings. (Eisler & Fry, 2019, p.102-103).

The following are HOW stories of partnership and reflections on the inherent challenges of shifting health and human relations in the direction of Eisler's Cultural Transformation Theory.

Leveraging Agency Partnerships

Outer Cape Community Solutions Rural Health Network. HOW has always had working relationships with local housing agencies, health-care providers, councils on aging, and other service providers; however, these connections have been siloed and one-directional. HOW's Executive Director reached out to OCHS's Community Navigator Program Director about the need for agencies on the Outer Cape to collaborate more closely. As a result, the Outer Cape Community Solutions (OCCS) forum was convened and has continued to meet monthly since May 2019. What started as informal networking and brainstorming developed into a formal rural health network that now receives local, state, and federal funding. The OCCS operates by consensus, with a steering committee guiding priorities and plans to pursue a federal rural health network development grant.

OCCS has broadened the region's engagement with county and state level transportation planning groups. Their research and potential micro-transit program will augment HOW's services and relieve some of the pressure of separate fundraising. As

Eisler posits, a partnership system like OCCS network, where relations among the non-profit agency members is “based on mutual respect, accountability, and equity” allows us “to tackle major systemic problems that currently seem too big to conquer” (Eisler, 2019).

Without partnership principles in place, systemic issues like transportation from rural areas to health-care centers are too big for any one agency to manage or to marshal the needed political support. The Massachusetts Department of Transportation agrees and has awarded OCCS a \$24,000 grant to conduct a needs assessment/gap analysis and develop a plan for a pilot transit program (Massachusetts Department of Transportation Rail and Transit Division, 2023). HOW’s Executive Director co-chairs this work group, stewarding “cooperation for mutual benefit” (Eisler & Fry, 2019, p.49) and solutions that meet the health-care challenges of living in this rural region.

Leveraging Specialized Partnerships

Below the Belt. Nearly thirty percent of the 300+ women HOW serves are living with cancer or have completed treatment. Below the Belt is a small Cape Cod nonprofit that provides education and support services for gynecological cancers that was started after the founder’s mother died of ovarian cancer. In 2023, HOW’s board chair learned about Below the Belt and met with their executive director to explore synergies between their agencies. As a result, the two organizations identified ways to bring education about gynecological cancers to the HOW and Outer Cape communities. At the time of this writing, there are plans for community workshops as well as a collaboration with the local radio station to promote these upcoming educational talks and to provide vital on-air information about gynecological cancers to local audiences.

HOW’s relationship with Below the Belt underscores the importance of Eisler’s “right mindset” and “affiliation motive” (1995, p.145) of love, caring, and empathy in order for partnership systems to thrive. In this instance, both non-profits were inspired by the personal stories of close associates; their leadership teams then found common

ground based on mutual respect for the different strengths and specialized knowledge each brought to the equation.

Leveraging Individual Partnerships

HOW's Peer Support Group manifests the mutual aid, accountability, and equity inherent in partnership-based ecosystems. In late 2022, two client members approached HOW seeking support for isolation and loneliness associated with coping with a chronic health condition. HOW's management team dug deeper into the nature of support needed (monthly, weekly, online, in-person) and then met with the Client Services Manager to create a peer support group. Within two weeks, a meeting room was secured, and the first group came together to share personal stories and actively listen to one another. Before long, 15 women were meeting regularly, supporting and upbuilding each other. This effective peer support group demonstrates the enduring impact of HOW's human-centric and relational approach to all its members, especially women of color, living on the Outer Cape.

HOW may have had humble beginnings, but like the material advances of machines and medicines mentioned by Eisler, HOW has brought about “seemingly miraculous changes, new social technologies, such as better ways of organizing and guiding human behavior [that] speed the realization of humanity's higher potentials and aspirations” (Eisler, 1995, p.157).

ROADBLOCKS TO PARTNERSHIP

HOW programs and affiliate model strive to demonstrate Eisler's partnership framework in action. However, dominant elements of the incumbent health-care system and community culture still interfere with progress at both individual and institutional levels. *Resistance to change* is a primary pitfall. When it surfaces, it typically indicates that a person or aspect of an ecosystem is operating under a fearful, rigid, or scarcity mindset. Author and change management expert [Rick Mauer \(2024\)](#), outlines three

levels of resistance to change that HOW refers to as a framework to better understand and help mitigate the occasional impediments to progress that arise:

Level 1: I don't get it. Lack of knowledge is often the primary reason for this level of resistance. Mauer advises that additional information or an alternative messaging approach is required in this situation. People need to understand *why* a partnership is being formed.

Level 2: I don't like it. Fear is the primary driver of this level of resistance (loss of control, position, status). Mauer recommends quelling fears through straightforward honesty, by engaging resisters in new processes, and by generating excitement about planned changes or partnerships.

Level 3: I don't like you. Mistrust (based on perception or personal experience) toward those making or proposing change is the hallmark of this level of resistance. To overcome pushback, Mauer suggests demonstrating trustworthiness, rebuilding impaired relationships, and remaining open to input from those resisting change. (Mauer, 2024)

Similarly, Eisler and Fry (2019) refer to psychologist Paul Piff's findings that being compassionate, having empathetic accuracy, being trusting and cooperative, are keys to social connection and, in turn, happiness (Piff et al, 2015).

Resistance to change also surfaced at the HOW board level as incumbent members rotated off and new members came on. Tensions grew when fresh ideas about fundraising challenged old ways that had previously helped HOW grow and become economically viable. Through trust, mutual respect, compassion, and cooperation "geared toward the social good" (Eisler & Fry, 2019, p.100), consensus was reached. Careful staging of the proposed changes, while also paying homage to tenured ways, allowed *receptivity* to replace resistance in evolving the organization. This approach echoes Eisler's insight that "teamwork and more nurturing, stereotypically 'feminine,'

management styles are more effective than the old command-and-control ones [and] is another partnership trend” (Eisler, 1995, p. 211).

In fact, from 2009 to 2019, HOW’s Board of Directors grew HOW’s balance sheet from \$189,000 to over \$1 million. Since then, the balance sheet exceeded \$2 million through the purchase of the Eastham location and an ongoing capital campaign called Women Thriving. An impressive achievement for a small rural community. HOW attributes this growth to the value donors placed on the *work of care* and to HOW’s dedicated efforts to *provide that care* to its community members.

CONCLUDING REMARKS

HOW recently opened the Ann Maguire Women’s Wellness Center. Ann Maguire, a longtime advocate for LGBTQ+ rights, women’s health, and health-care equity, embodied the spiritual courage of Eisler’s partnership movement. Expanding the Center’s offices beyond the original Provincetown location and community that had provided funding and support for thirty years was a significant risk. But HOW’s leadership team took this risk thanks to the foundational support of its deeply caring network: agencies, volunteers, donors, clients, and community members of The Outer Cape. HOW’s increasing reach and efficacy are a testament to the strong, interdependent partnership system it co-created. Like the dunes, scrub pines, and salty waters that comprise its unique surroundings, HOW evokes the kind of neurological connections that foster partnership: love, caring, and empathy.

References

- Barr, E. & Temkin, S. (2022, August 23). Gender as a social and cultural variable and health. *National Institutes of Health: Director’s Messages*.
<https://orwh.od.nih.gov/about/director/messages/gender-as-social-and-cultural-variable-and-health>
- Barrett, P. (2023). *Outer Cape public health needs assessment*. Town of Wellfleet Health & Conservation Department. Barnstable County Department of Health and Environment.

- https://www.wellfleet-ma.gov/sites/g/files/vyhlf5166/f/uploads/wellfleet_edited_copy_of_final_report_2023.pdf
- Cape Cod Commission. (2024, January). *Data Cape Cod, People*.
<https://datacapcod.org/pf/barnstable-county-year-round-population>
- Cape Cod Healthcare. (2022). *Community Health needs assessment report and implementation plan*.
<https://www.capecodhealth.org/app/files/public/97f76890-ecb9-4f97-b7ed-c9c107b96dba/community-health-needs-assessment-2020-2022.pdf>
- Eisler, R. (1995). *The chalice and the blade: Our history, our future*. Harper Collins.
- Eisler, R. (2007). *The real wealth of nations: Creating a caring economics*. Berrett-Koehler Publishers, Inc.
- Eisler, R. (2015, November 17). *Spiritual courage*. Center for Partnership Systems.
<https://centerforpartnership.org/news-events/spiritual-courage>
- Eisler, R. (2019, September 19). *A Breakdown of How Love Can Help Solve Some of the World's Most Pressing Problems*. Thrive Global. <https://community.thriveglobal.com/powerful-virtue-solve-worlds-pressing-problems>
- Eisler, R.T., & Fry, D.P. (2019). *Nurturing our humanity: How domination and partnership shape our brains, lives, and future*. Oxford University Press.
- Health Resources & Services Administration U.S. Department of Health & Human Services. (2024, February 2). *MUA Find*. <https://data.hrsa.gov/tools/shortage-area/mua-find>
- Helping Our Women. (2022). *Women Thriving: Enhancing Women's Health and Wellness on the Outer Cape*. <https://helpingourwomen.org/thriving/>
- Hinton, E. (2023). *Understanding the diversity of Provincetown*. Provincetown Diversity, Equity and Inclusion Office. <https://www.provincetown-ma.gov/DocumentCenter/View/16011/PT-Sociodemographics-2023-v0107-1?bidId=>
- Korejwa, E., Goodman, M.D., Smith, J.A., & McCarthy, M.P. (2017). A baseline assessment of economic conditions in Provincetown, Massachusetts. UMass Dartmouth Public Policy Center.
<https://provincetown-ma.gov/DocumentCenter/View/8905/Economic-Conditions---UMass-Dartmouth-Report?bidId=>
- Madgavkar, A., White, O., Krishnan, M., Mahajan, D., & Azcue, X. (2020, July 15). *COVID-19 and gender equality: Countering the regressive effects*. McKinsey & Company.
<https://www.mckinsey.com/featured-insights/future-of-work/covid-19-and-gender-equality-countering-the-regressive-effects>
- Massachusetts Department of Transportation, Rail and Transit Division (2023, November 16). *Healey-Driscoll Administration Announces Funding Awards in Community Transit Grant Program*.
<https://www.mass.gov/news/healey-driscoll-administration-announces-funding-awards-in-community-transit-grant-program>

- Mauer, R. (2024, February). *Resistance to Change: Why it matters and what to do about it*. Rick Mauer. <https://rickmaurer.com/articles/resistance-to-change-why-it-matters>
- McGregor, J. (2017, October 4). This former surgeon general says there's a loneliness epidemic and work is partly to blame. *The Washington Post*. <https://www.washingtonpost.com/news/on-leadership/wp/2017/10/04/this-former-surgeon-general-says-theres-a-loneliness-epidemic-and-work-is-partly-to-blame>
- National Park Service. (2015). *Geologic Activity*. National Park Service, Cape Cod National Seashore Massachusetts <https://www.nps.gov/caco/learn/nature/geologicactivity.htm>
- National Park Service. (2017). *Nauset Archaeological District - Eastham*. National Park Service, Cape Cod National Seashore Massachusetts <https://www.nps.gov/caco/learn/historyculture/the-nauset-archaeological-district-eastham.htm>
- Neilsberg Research. (2023, September 17). *Massachusetts population by age*. Neilsberg Research Group. <https://www.neilsberg.com/insights/massachusetts-population-by-age>
- Panchal, N., Saunders, H., Rudowitz, R. & Cox, C. (2023, March 20). *Implications of COVID19 for mental health and substance use*. KFF. <https://www.kff.org/mental-health/issue-brief/the-implications-of-covid-19-for-mental-health-and-substance-use>
- Piff, P.K., Dietze, P., Feinberg, M., Stancato, D. M., Keltner, D. (2015, June) Awe, the small self, and prosocial behavior. *Journal of personality and social psychology* 108 (6), 883.
- Provincetown History Project. (2024-a, February 1). *Foley takes on AIDS challenges as full-time job*. https://provincetownhistoryproject.org/PDF/asg_000_027-alice-foley-founding-member-of-provincetown-aids-support-group.pdf
- Provincetown History Project. (2024-b, February 1). *Provincetown Positive PWA Coalition*. https://provincetownhistoryproject.org/PDF/asg_000_066-provincetown-positive-people-with-aids-mission-statement.pdf
- Quinn, D. & Coxe, S. (2018). *Housing on Cape Cod: The high cost of doing nothing*. Housing Assistance Corporation of Cape Cod. <https://secureservercdn.net/104.238.71.250/hzu.dec.myftpupload.com/wp-content/uploads/2019/06/HAC-Housing-on-Cape-Cod.pdf>
- Rolbein, Seth. (2020, April 3) During the AIDS epidemic, Cape Cod was a refuge. Now, for some, it is again. *WBUR*. <https://www.wbur.org/cognoscenti/2020/04/03/covid-19-aids-cape-cod-close-bridges-petition-seth-rolbein>
- United Nations Women. (2020). *Recommendations Into action brief COVID-19: Safe cities and safe public spaces for women and girls*. <https://www.unwomen.org/sites/default/files/Headquarters/Attachments/Sections/Library/Publications/2020/Brief-Recommendations-COVID-19-Safe-Cities-and-Safe-Public-Spaces-en.pdf>

United Nations Sustainable Development Group. (2020, April 9). *Policy brief: Impact of COVID-19 on women*. <https://unsdg.un.org/sites/default/files/2020-04/Policy-Brief-on-COVID-Impact-on-Women.pdf>

World Health Organization. (2022, October 18). *Staggering backsliding across women's, children's, and adolescent's health revealed in a new UN analysis*. [News release] <https://www.who.int/news/item/18-10-2022-staggering-backsliding-across-women-s--children-s-and-adolescents--health-revealed-in-new-un-analysis>

Gwynne Guzzeau, JD, MS is the Executive Director of Helping Our Women, a nonprofit that has served women living with chronic or serious health conditions on the Outer Cape for thirty years. As a founding member of Outer Cape Community Solutions rural health network, Gwynne is passionate about the power of partnering and collaboration - despite the challenges that are often present working across differences. A skilled facilitator and strategic thinker, she created an organizational roadmap for Diversity, Belonging, Equity & Inclusion (DBEI) for the National Center on Afterschool & Summer Enrichment and served on a national DBEI work group for the Office of Child Care. Previously, Gwynne was Executive Director for the Gestalt Institute of International Study in Wellfleet, MA where she trained extensively, taught, and received her coaching certification. Her career has spanned many sectors, including: education, law, small business, nonprofit management, and public office.

Jayne Carvelli-Sheehan, MSN, RN, CS, Chair of Helping Our Women's Board of Directors, is Senior Vice President for Musculoskeletal Network Development at Beth Israel Lahey Health. In this role, she is responsible for system efforts in care across the continuum and identifying care retention and new patient acquisition opportunities focused on the musculoskeletal service line. Prior to joining NEBH, Jayne served as Senior Vice President, System Integration and Care Coordination at Beth Israel Deaconess Medical Center and System. Over her career she has held various roles including staff nurse, nurse manager, director of nursing, and over the last 25 years, Senior Vice President for Ambulatory and Emergency Services where she oversaw more than one million ambulatory clinic and outpatient procedural visits and 55,000+ emergency/trauma visits on an annual basis. Jayne sits on and co chairs several other not-for-profit boards in Boston, MA. including: Dimock Community Health Center in Roxbury, Boston Medflight, Small Miracles In Life Exist (SMILES MASS). She is a past member of the Board of Director's for Outer Cape Health Services. Jayne holds a Bachelor of Science degree in Nursing from Salem State University and a Master of Science in Nursing from Boston College.

Eli Ingraham recently served as CEO of the Center for Partnership Systems, an organization founded by Riane Eisler to accelerate the shift to Partnerism, a socio-economic model based on four interconnected cornerstones: Family/Childhood, Gender, Economics, and Narratives/Language that values caring, nature, and shared prosperity. Eli is currently working with the Transition Collective on bioregional efforts in South Africa and North America. She was formerly CEO of the Sager Foundation managing their Science for Monks & Nuns project in partnership with His Holiness the Dalai Lama, and Sager Ganza's microfinance project in Rwanda supporting women-owned businesses out of the genocide. Previously, Eli led TIE Global Artisans, an initiative of PYXERA Global focused on alleviating poverty among African textile weavers. Eli serves on the advisory boards of various global impact organizations including the Knowledge Impact Network, Center for Responsible Leadership, Women4Solutions, and AfroValley Blockchain. Eli's career began in finance and technology. Eli consulted to Fortune 50 companies on digital acceleration and worked for PBS/NPR developing digital media startups. She was Chief Networks Officer at YPO, overseeing their 50+ business, social impact, and personal interest member networks. She founded Impact Imperative to help companies align investment objectives with social impact imperatives. Earlier in life, Eli was an ordained minister and studied sacred texts and literature for 12 years. She lives in Newton, MA with her wife and daughter, whom they adopted from Kazakhstan. <https://www.linkedin.com/in/eliingraham/>

Janice Murphy, JD Janice's career in healthcare includes business development, healthcare operations, system wide project management and strategic leadership and management roles for both providers and payers. Janice worked for Blue Cross Blue Shield of Massachusetts, Beth Israel Deaconess Medical Center, Joslin Diabetes Center, and Alosa Health. She serves on the Boards of Directors for Grass Roots Diabetes and on the Provincetown Part Time Residents Taxpayers Association (PPRTA) and she is currently a regularly featured radio host on WOMR/WFMR FM, 92.1 & 91.3 Cape Cod.

Correspondence about this article should be addressed to Gwynne Guzzeau at gwynne@helpingourwomen.org