

Project Description & Background

The woman's annual preventive visit, or the Well-Woman Visit (WWV) is offered to most women at no cost to them through either their insurance or Medicaid. Although it is recommended that each woman receive at least one annual WWV, many women - even those with insurance - do not receive this care. Women without insurance have additional barriers but may be able to obtain well-woman care through community health centers or family planning clinics, although challenges remain. Receiving access to quality preventive care (e.g., age-appropriate screenings, immunizations, health education and promotion) is one factor that impacts a woman's ability to be healthy across her lifespan. However, understanding the contextual factors in women's lives, for example their opportunities for employment or good public transportation, can also help us better understand women's health. This document is based on Listening Sessions that were conducted with 156 women in 8 cities (Boston, Chicago, Detroit, Jackson, Nashville, New Orleans, Oakland, and Omaha) in the Spring of 2016 by the Well-Woman Project, as well as 104 Stories that were shared on a Well-Woman Project website/blog or phone line by women across the United States.

Barriers to Being a Well-Woman and Accessing Well-Woman Care

Transportation: Women in many cities reported long distances to providers, as well as no available parking, unreliable and unsafe public transportation when traveling with small children (i.e., no room for car seats, strollers), and unreliable and not woman-friendly transportation services (i.e., van services).

Healthcare Costs and Insurance Barriers: Women face barriers in obtaining any or low-cost insurance (e.g., issues with co-payments, deductibles, premiums) for a variety of reasons. Women avoid seeking health care because they are afraid they cannot afford the associated costs or fear going into debt/filing for bankruptcy due to medical bills. Women frequently discussed that the quality of care depended greatly on type of insurance.

Interactions with Healthcare Providers: Barriers with providers stemmed from lack of trust or comfort; women felt they were not heard and that providers did not address their concerns. The structure of appointments (e.g., getting an appointment, actual time spent with provider) often cause women to delay or defer seeking healthcare services.

Discrimination: Women reported being discriminated against related to race/ethnicity, socioeconomic status, type of insurance, disability, and sexual orientation/gender.

Lack of health/insurance knowledge/literacy: Some women lacked basic health knowledge or previous experience with primary care. Many women did not seek healthcare services until pregnancy for this reason.

Healthcare System Complexity: *The vast complexity of the healthcare system prevented many women from seeking care or obtaining care. Many women documented feeling overwhelmed with tasks from initiating a new insurance plan, finding providers within their network, navigating new healthcare facilities and systems, as well as making appointments and adhering to the referral requirements of their insurance policies.*

Fear: *Women expressed fear in many contexts: fear of loss of confidentiality, fear of the content/results of the visit, fear related to lack of citizenship or immigration status, fear of being billed for services not covered or they could not afford, fear of being judged or stigmatized, and fear of invasive gynecological procedures performed by male providers.*

Lack of Childcare: *Some women reported being frequently unable to take their children to their appointments due to a lack of child-friendly clinics and/or being unable to obtain childcare in order to attend their healthcare appointments.*

Employment: *Women discussed having jobs that did not offer paid sick time, personal days, or vacation time which resulted in losing pay to see a healthcare provider. Women also discussed being unable to make traditional office hour appointments due to their inability to take time off during the day.*

Language: *Non-English speaking women noted the lack of translational services and materials available in languages other than English which made it difficult or undesirable for them to seek care.*

Lack of Social Support: *Women discussed being at long distances from family members and having little to no local support network to draw upon to help with family-related tasks which increased stress and reduced their ability to be healthy or to seek health care.*

Competing Priorities: *Many women serve in a multitude of roles, many of them involving caretaking. Women described the "second shift" and the competing demands of their work, family, and home duties which often prevent them from being healthy and seeking care.*

Family and Cultural Perceptions/Beliefs: *Women described family and cultural barriers, specifically with respect to accessing sexual and mental health services. These perceptions and beliefs affected how frequently women sought care; some women documented using "home remedies" and self-care outside of formal medical settings to avoid seeing a provider.*