

Project Description & Background

The Well-Woman Project (WWP) is a joint effort of the University of Illinois School of Public Health (UIC-SPH) and CityMatCH. While as a result of the ACA, the preventive health or Well-Woman Visit is covered through many insurance plans and Medicaid, there are disparities in utilization of these services. In addition, even when women have access to preventive care, there are everyday realities that affect their ability to be healthy or Well-Women. The Well-Woman Project, aims to gain an understanding of the barriers women face seeking preventive care as well as the realities of their lives that prevent them from being Well-Women. Most importantly, the WWP includes an essential and innovative component to this attempt at understanding: women's voices.

PROJECT GOAL

To elevate women's voices about what makes them healthy and able to access and utilize well-woman care within the context of their lives, neighborhoods, and cities.

PROJECT OBJECTIVES

- 1. Gather women's stories and elevate their voices with respect to the Well-Woman Visit, paying close attention to the conditions of women's lives that affect their ability to be Well-Women and seek Well-Woman care.*
- 2. Develop City Profiles of Women's Health for each of eight participating cities based on input from women.*
- 3. Develop actionable recommendations to support Well-Women and to support a women-friendly health system.*

CAPTURING WOMEN'S VOICES

Listening Sessions: Small focus groups consisting of a guided conversation focused on women's health, Well-Woman care, and the conditions of women's lives that affect their ability to be healthy facilitated by UIC/CityMatCH staff.

- Eight participating cities
 - Boston, Chicago, Detroit, Jackson, Nashville, New Orleans, Oakland, Omaha
- 156 women (18-47 years old) participated
- Audio recordings of sessions were professionally transcribed and analyzed using a qualitative data analysis software program. Some codes in the analysis were general ones used across the entire data set, and others were specific to information from individual cities.

Blog & Phone Line: A secure, confidential website & toll-free phone line where women could share their personal stories related to their health and health care experiences.

- Open nationally for 8 months
- Stories from 104 women
- Stories analyzed using qualitative software as described above.

Note on Quotes and Recommendations in City Profiles:

Analysis of Listening Sessions and Stories was conducted by examining and documenting patterns (or "themes") present within the Listening Session discussions and shared Stories (website or phone line) transcripts. Quotes included on each city's profile are "representative quotes" and not the ONLY quote that resulted for each theme in each city. Themes are based on commonality of ideas and opinions expressed by women in each respective city, across all cities, and across the shared Stories. While all women's comments informed a deeper understanding of women's experiences, themes were based on recurring and reverberating ideas presented by women; no theme was based on comments from just one or two women. Similarly, recommendations were generated through an iterative process and are comprised of ideas that came from: 1) women themselves; 2) the research team's partners/stakeholders; and, 3) the research team itself. They are proposed as suggestions for consideration and are mainly focused at the systems and policy levels.

The WELL-WOMAN VISIT

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. The woman's annual preventive visit, or the Well-Woman Visit (WWV) is offered to many 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, there are many women, even those with insurance, who do not receive this care. And while women without insurance may be able to obtain well-woman care through community health centers or family planning clinics, additional challenges remain. Understanding the contextual factors in women's lives, for example, their opportunities for employment or good public transportation, can help us better understand women's health and their ability to access health care. This Boston Women's Health Profile combines data from multiple sources, including the American Community Survey (ACS), the Behavioral Risk Factor Surveillance System (BRFSS), and data from focus groups that were conducted in Boston in the Spring of 2016 by the Well-Woman Project (WWP). Below you will find key themes as well as indicators of women's health that provide the basis for the WWP recommendations that follow.

LISTENING to WOMEN in BOSTON



Relationships with providers are key to women's decisions about accessing care. "It's rare, but sometimes I'll walk away from an interaction with a doctor or mental health provider feeling that they weren't really listening to me, and had decided when I walked in the door what my problems were rather than working with me to figure things out. I don't feel listened to, and thus don't necessarily trust that the doctor is doing what's best for ME. It's then really hard to challenge them, so I usually just end up switching providers."

Women's competing demands and priorities make accessing health care difficult. "You have to clean the house, you have to cook, you have to pick up the children and you have no time left for yourself. You are more concerned about your children than for yourself."



Healthy food, safe environments, and opportunities for physical activity are vital for women. "You could create prevention programs for illnesses, high blood pressure, diabetes, cholesterol. In order to prevent those illnesses they should create programs with cooking lessons, or nutrition classes to learn to eat healthy food, access to gyms to workout, something that is affordable, because if we talk about gyms...they are very expensive and we can't afford them."

Health & insurance literacy empower women to advocate for themselves and others. "It is important to communicate this information because it is very important...I have attended workshops about the different types of insurance, where they inform you about who is eligible for one or for the other...This information should be communicated to the people in the community who don't know about it and who don't have resources to go to see a doctor."



Inadequate childcare and transportation are major impediments to accessing health care. "They have a whole bunch of offices everywhere. Hospital A, they have everything like maybe a block away, but it's not too far, versus Hospital B: If you need to see a specialist, they send you to East Newton somewhere, and you're like how am I supposed to get to Newton? And I'm standing in Roxbury right now."

Women report differential treatment based on their race or ethnicity, as well as difficulty or fear in accessing care if they do not have U.S. citizenship or do not speak English. "Racism exists and it produces injustices regarding health care...the system is creating barriers for Latinos or dark-skinned people to obtain their insurance, and therefore they are denying the access to a human right and it is not fair."



Profile of LOCAL AREA

9% *

of women of reproductive age **cannot see a doctor due to cost** ^a

72% *

of women of reproductive age **had a routine checkup within the past year** ^a

50% **

of women **living in poverty** are of reproductive age ^b

35% **

of female-headed households with children under 5 live in poverty while 7% of married households with children under 5 live in poverty ^c

* Metropolitan Division (MD) level data

** City level data

a - BRFSS, 2014

b - ACS, 2015, 5 year estimate; Table B17001

c - ACS, 2013, 3 year estimate; Table S0201

A research project of the University of Illinois at Chicago School of Public Health and CityMatCH. Generously funded by the W.K. Kellogg Foundation.

RECOMMENDATIONS for WELL-WOMEN in BOSTON



Recommendation 1

Adopt and promote a framework which delineates the components of a woman and family-friendly health delivery system.



Recommendation 2

In order to improve the care experiences of women:

Encourage increased availability of appointments outside of traditional hours, provision of drop-in/walk-in appointments, more time per patient to facilitate patient-provider interaction, and an increase in the availability of on-line and phone consultation.

Support the provision of training in trauma-informed care for providers.

Increase the robustness of translational services and availability of bilingual providers and encourage the provision of resources in multiple languages, which outline the rights of all patients in the health care system.

Encourage the provision of free parking vouchers, free or discounted bus cards to attend appointments, and/or partnerships with ride-sharing services to pick up patients and their families and transport them to and from their medical appointments.

Support ongoing healthcare provider and staff training focused on reducing bias by race/ethnicity, class, gender, and insurance status.



Recommendation 3

Promote models of care which encourage mutual support (e.g., Centering Pregnancy and Parenting) and work with community partners to ensure the availability of community-based resources for self-care and respite (e.g., yoga, mindfulness, stress reduction, exercise, drop-in centers, etc.).