

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 Chicago Women's Health Profile combines data from multiple sources, including the American Community Survey (ACS), the Robert Wood Johnson County Health Rankings, the Behavioral Risk Factor Surveillance System (BRFSS), and data from focus groups that were conducted in Chicago 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 CHICAGO



Women's competing demands and priorities make accessing healthcare difficult. "I think everyone in general worries about their health, but other things probably overpower their actual initiative to go."

For many women, pregnancy was their connection to the healthcare system. "Like when you're pregnant...they give you more information when you are in that stage and like for afterwards, after you have the baby, and the breastfeeding, but not before or after, that you have to constantly be taking care of yourself...."



Women report differential treatment based on their race or ethnicity. "Some of the biggest barriers to being healthy have honestly been feelings of shame and guilt about my identities and experiences. As a bisexual Latina, going to the OBGYN to get tested and getting birth control has been a difficult experience. Usually, doctors are more focused on my experiences with male sexual partners and...make references to my ethnicity to coerce me into using birth control methods that have proven harmful to my body."

Social support systems facilitate women's willingness and ability to seek care. "Overall, because of lack of knowledge and shame, I kept a lot of mental and physical health experiences to myself and when I did seek help, stigmatizing and culturally insensitive providers/workers made it even harder for me to reach out to these venues for health services. I am only now, through knowledge and support from friends, books, and organizations at school starting to take charge of my health and demand what I need unapologetically."



Relationships with providers are key to women's decisions about accessing care. "That makes me feel uncomfortable too. I just explained to this one person what's going on. Now I got a new face. Now I got to explain all over to you what went on - it's too much...you see a different doctor almost every time you go to the doctor. And that's - I don't think that's right. I ain't gonna see another doctor. He doesn't know what's going on."

Inadequate childcare and transportation are major impediments to accessing health care. "If I get into a car accident, there's no seatbelts on this bus. You want me to hold my kids on the bus? If they're strapped in here, there's a better chance of them surviving than me holding them on the seat with all these people standing around.... I asked the bus driver, 'Can I keep my son in the stroller?' Like, there's a car seat, there's everything. 'No, you have to fold it up!'"



Positive mental health is integral to being a "healthy" woman. "Within the context of mental health and wellness, I wish there was more awareness about how that system works, especially because it's not greatly integrated with the physical health/greater health system..."

Profile of LOCAL AREA

21% *

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

69% *

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

43% **

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

24% ***

of households in Cook County have
severe housing problems ^c

79 ***

On a scale from 0 (complete integration)
to 100 (complete segregation), Cook
County's black/white racial segregation
is 79 ^d

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* Metropolitan Statistical Area (MSA) level data

** City level data

*** County level data

a - BRFSS, 2015

b - ACS, 2014, 5 year estimate; Table B17001

c - Comprehensive Housing Affordability Strategy (CHAS) data,
2008-2012, Accessed from County Health Rankings, University of
Wisconsin Population Health Institute

d - ACS, 2010-2014, 5 year estimate, Accessed from County Health
Rankings, University of Wisconsin Population Health Institute

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RECOMMENDATIONS for WELL-WOMEN in CHICAGO



Recommendation 1

Partner and/or engage with major health systems and FQHCs to:

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.

Provide women and families with access to insurance navigators on a year-round basis. Initiatives such as a city-wide insurance navigation hotline and on-line insurance navigation support can help women understand insurance and network options.

Develop an inventory of culturally and class sensitive health and healthcare resources available for use by health providers and advertise its availability.

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

Support ongoing healthcare provider and staff training focused on reducing bias by race/ethnicity, class, gender, and insurance status; support the provision of training in trauma-informed care for providers.

Support the provision of increased education, ongoing outreach, and incentives for women to attend annual preventive care exams when not pregnant.



Recommendation 2

Work with Department of Transportation to explore and develop plans to provide women and child-friendly public transportation including special seating that allows for the placement of car seats and stroller.



Recommendation 3

Given Chicago's passage of paid sick leave, develop educational materials for consumers focused on city-specific sick and personal leave policies.



Recommendation 4

Support increased access to mental health care through initiatives such as psychiatric consultation line for primary care providers and telemedicine options for patients.