

## 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 Detroit 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 Detroit 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 DETROIT



**Fear is a pervasive component of many women's healthcare experiences.** "I know I don't have anything detrimental or anything but it just seems like every time you go to the doctor they find out something is wrong. You know what I'm saying? I'm trying to avoid that. They'll find something wrong with you."

**Relationships with providers are key to women's decisions about accessing care.** "And building a relationship with your doctor. When you have that type of relationship, you don't have to run into things where they're just trying to get you out of the office because they have ten people sitting in the waiting room. You build that relationship to where they are calling you and asking you how you are. 'Is it feeling better? Is it worse? Do you need to come in? Do you need to see a specialist?' When you have that relationship, that makes you feel a lot better."



**The healthcare delivery system is not woman-friendly.** "They're just trying to push you out the door, and they don't really try to listen to you as a person and what you need from them. They're just trying to get you out the door quick."

**Family and cultural beliefs are barriers to seeking care for many women.** "I think that a lot of times with women it depends on the type of women we were raised around because a lot of older women do not go to the doctor. They just rely on natural remedies like, let me eat this or I need to eat that. I don't need no doctor."



**Women weigh cost vs. benefits when deciding to access care.** "I don't think that a lot of people think that it's not important and brush it off. I think they think it's important but...it costs a lot and some people just try to avoid it because of the bills. So it's not that they are just brushing it off. They just don't want to pay or they can't afford it."

**Inadequate childcare and transportation are major impediments to accessing health care.** "If you have more than one kid they're not going to let you bring both of your kids in the back (of the transport van) with you. If you don't have nobody with you at the appointment, you don't want to leave your kids just sitting in the lobby and then something happens and you're not there to watch them."



**Women's competing demands and priorities make accessing health care difficult.** "We're aware it's important, but I think it's more important that it's made aware to every woman. Mothers get busy within their family, their jobs, their life. They turn a blind eye to that cough. They don't wanna go. Even if they're not sick, it's 'I'm fine.'"

**Women feel access to health care is easier during pregnancy and for many women, pregnancy is their connection to the healthcare system.** "You get Medicaid for being pregnant....They just cut me off. They were, 'How old is your baby? You're good. You don't need any more insurance.'"



### Profile of LOCAL AREA

**25%\***

of women of reproductive age cannot see a doctor due to cost<sup>a</sup>

**70%\***

of women of reproductive age had a routine checkup within the past year<sup>a</sup>

**21%\*\***

of women of reproductive age are uninsured<sup>b</sup>

**25%\*\***

of women of reproductive age in the civilian workforce are unemployed<sup>c</sup>

**62%\*\***

of female-headed households with children under 5 live in poverty while 27% of married households with children under 5 live in poverty<sup>d</sup>

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\* Metropolitan Division (MD) level data  
\*\* City level data

a - BRFSS, 2012  
b - ACS, 2015, 5 year estimate; Table B27001  
c - ACS, 2015, 5 year estimate; Table B23001  
d - ACS, 2013, 3 year estimate; Table S0201

## RECOMMENDATIONS for WELL-WOMEN in DETROIT



### Recommendation 1

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



### Recommendation 2

#### 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.

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 and develop health education campaigns, including the Show Your Love campaign, that focus on women's understanding of the importance of their own health and health care.

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.

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.



### Recommendation 3

Explore approaches to the development of a woman-centered, consumer-driven mechanism to enable reviews of providers (similar to YELP) and enable women to recommend women-friendly provider sites.