

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 Jackson 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 Jackson 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 JACKSON



Women weigh cost vs. benefits when deciding to access care. *"If we didn't have these barriers or so many of these barriers, I think it would be more acceptable to go (to the doctor). I think people want to go. I think just we usually start thinking about waits, the cost..."*

Relationships with providers are key to women's decisions about accessing care. *"Some of these things can be eliminated by just a doctor creating a trusting environment, where I feel comfortable asking questions when (the doctor) is saying words I'm not familiar with, and I...actually will come back (to that doctor) because I felt comfortable with him. I might have questions and I feel comfortable asking the doctor these questions."*



Health & insurance literacy empower women to advocate for themselves and others. *"They wanted me to get the (medical procedure)...but I was like, 'Okay, let me go home.' And that's when I started reading more and trying to research and ask more questions because he didn't explain it to me, my mom didn't explain it, so I'm like, 'Okay, well, let me figure out what's going on, on my own, so I can learn how to take care of myself'."*

Social support systems facilitate women's willingness and ability to seek care. *"I think that's where if the doctor is not giving you enough education as far as the illness that you have, I think that the social worker and the case worker should step up and provide education, and also give them accessible resources such as support services."*



Fear is a pervasive component of many women's healthcare experiences. *"You kinda grow up like that, afraid to talk to your doctor, being afraid for confidentiality. Do I really tell her that I have a history of STIs or do I not share that information?"*

Women report differential treatment based on their race, ethnicity, or language preference. *"I would add on to the distrust factor because sometimes, for example, being African-American, you feel like the doctor might prescribe something [different] for you versus maybe somebody else."*



For many women, pregnancy was their connection to the healthcare system. *"...But it's so much easier to get help dealing with being pregnant...I just think all women should have insurance, period, not matter if you're expecting. It's so much easier to get help when having a baby. Since I've been pregnant, it's just so smooth. But then afterwards, you have problems."*



Profile of LOCAL AREA

21%*

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

79%*

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

42%**

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

26%**

of women of reproductive age are uninsured

21%***

of households in Hinds County have severe housing problems^d

* Metropolitan Statistical Area (MSA) level data

** City level data

*** County level data

a - BRFSS, 2013

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

c - ACS, 2015, 5 year estimate; Table B27001

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

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RECOMMENDATIONS for WELL-WOMEN in JACKSON



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.

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.

Sponsor "One Day" Medicaid/free care several times a year for all.

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.

Develop a city fund to cover uninsured women and families and/or help women and families struggling with high deductibles for their privately obtained insurance.

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.

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 health care system.



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.