The Well-Woman Project

University of Illinois-Chicago
School of Public Health &
CityMatCH
Funded by the W.K. Kellogg Foundation

SPRING 2017

Project Description & Background

The Well-Woman Project (WWP) is a joint effort of the University of Illinois School of Public Health (UIC-SPH) and City**M**at**CH**. 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.

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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
  - o 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.

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

Go to http://www.citymatch.org for more information and to find the Well-Woman Project Toolkit

The Well-Woman Project

Women's Health PROFILE

Nashville, Tennessee

FACT SHEET ON THE STATE OF WOMEN'S HEALTH | SPRING 2017

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 Nashville 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 Nashville 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 NASHVILLE

Women weigh cost vs. benefits when deciding to access care. *"I had this nurse that would call every two weeks to check on me and she (told) me, 'You need to get your teeth cleaned.'. Well, my insurance doesn't cover that so she gave me a number of places that I could go. But still they're on a sliding scale, (and) I'm not working. So even if it is $25.00, that's a lot of money for me - I can't do that. And I might have to make a choice between a bill and this. And a bill is gonna outweigh that."*

Relationships with providers are key to women's decisions about accessing care. *"That's a lot of distrust between a lot of communities and the medical system. It's probably more with doctors that have to remedy that so that people go to the doctor. But I know a lot of people who just don't trust them so they won't go for anything. Until there's a major problem, not at all going to go to the doctor – 'Don't ask because I'm not going.'"*

For many women, pregnancy was their connection to the healthcare system. *"I just I come from a very poor family so I don't know – most of my family members didn't have insurance...they didn't worry about going to doctors until somebody got pregnant and then they went to the doctors. But other than that – to make sure everything was going alright – no."*

Women report differences in the quality of and access to care based on their race/ethnicity and insurance status. *"This person come in, they may accept their insurance, but it may be less valuable than this person's insurance and they treat it better because they're money. I know. I've been there. I just look at it, if my insurance is covering it, I should be treated the same. The money shouldn't be an issue."*

Inadequate childcare and transportation are major impediments to accessing health care. *"Now that other people are moving in, that's moving the poor people of North Nashville out to South Nashville, which is very far...Everything is here [North Nashville]. You can get a bus. You can walk to your doctor's appointment. You can walk to court. But if you live in South Nashville, it's an hour drive with a car in traffic to get down to the city...I don't know if buses come to South Nashville. There are doctors in South Nashville but not folks that they can afford."*

Women's competing demands and priorities make accessing health care difficult. *"I don't want to have to take off to do it. And then I have doctors that only come once a week so I can only see her on Fridays. So I have to move everything around my schedule to be able to even go to the doctor when I'm sick. So by they time I can get into the doctor, I can cure myself so I'm not doing it."*

Health and insurance literacy empower women to advocate for themselves and others. *"We have to speak up. We have to say something because I think the current stance of our healthcare is not acceptable for anyone...Helping the people who do write into laws what we have to pay at the end of the day understand this is not sustainable for any of us and it's not keeping our society healthy."*

Family and cultural beliefs are barriers to seeking care for many women. *"I have access but I didn't know how important it was to go to the doctor until maybe junior year of college. I knew if you wanted birth control, you went to the OB but I didn't know that that's also where they check your stuff and your breasts and stuff...I come from a middle-class family and I just wasn't educated about that. I guess my mom's too scared to talk to me about it because that'd be having the sex talk. 'What you need to go there for?'.*

Nashville, Tennessee

Women's Health PROFILE

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FACT SHEET ON THE STATE OF WOMEN'S HEALTH | SPRING 2017

Profile of LOCAL AREA

15% * of women of reproductive age **cannot see a doctor due to cost** [a]

76% * of women of reproductive age **had a routine checkup within the past year** [a]

45% *** of women **living in poverty** are of reproductive age [b]

19% ** of households in Davidson County **have severe housing problems** [c]

42% *** of female householders with children under 5 years old are living in poverty, compared to 10% of married householders with children under 5 [d]

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* Metropolitan Statistical Area (MSA) level data
** County level data
*** Nashville-Davidson Metropolitan Area

a - BRFSS, 2014
b - ACS, 2015, 5 year estimate; Table B17001
c - CHAS, 2014, Comprehensive Housing Affordability strategy (CHAS) data, 2008-2012, Accessed from County Health Rankings, University of Wisconsin Population Health Institute
d - ACS, 2013, 3 year estimate; Table S0201

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RECOMMENDATIONS for WELL-WOMEN in NASHVILLE

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.

Continue to 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 help women understand insurance and network options.

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.

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 and ongoing outreach to women when they are not pregnant and develop incentives for women to attend annual preventive care exams when not pregnant.

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

Create and disseminate resources which respond to culturally-specific stigmatization of particular types of care (e.g., reproductive health care) to support women to seek these services.

Recommendation 4

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.

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