

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 New Orleans 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 New Orleans 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 NEW ORLEANS



Women's competing demands and priorities make accessing health care difficult. *"I also think people can tell me a lot that something is important, but there are a lot of things that you encounter every day that are important. And so if it doesn't feel significant to you in your everyday life – at least for me – then I'm not going to prioritize it. And so it's not that health isn't important but I don't understand how important it is in terms of other things and everything that's coming at you day-to-day."*

Women weigh cost vs. benefits when deciding to access care. *"I guess it's not necessarily that women don't think it's important. It's just it's too much...You have to put too many things in place, and then, it's kind of like you're weighing the worth of it versus the cost of it. Is it worth it? Am I going to gain anything from putting everything else I have to do on hold to do it?"*



For many women, pregnancy was their connection to the healthcare system. *"I only get flu shots if I have to for a job. When I worked...I had to get a flu shot. If not, I don't get a flu shot because they end up making me very sick for a very long time. And PAP smears and stuff, it's embarrassing to say, but it's only if I'm pregnant. That type of stuff."*

Fear is a pervasive component of many women's healthcare experiences. *"A yearly visit should be good, especially with your primary care doctor. Even if it's just routine labs, just to check on yourself, it may be just that one time that you need to be seen – you don't have to come all the time. But some people be scared of what they're going to hear so a lot don't come."*



Women report differences in the quality of and access to care based on their insurance status. *"Because if you have Medicaid...it is hard to find these type of doctors and offices for these Medicaid patients and then you would have a medical assistant that would tell you, 'Well, call your insurance company and they're going to give you a list of a providers to find and then go from there.'...But a lot of these places do not take Medicaid."*

Inadequate childcare and transportation are major impediments to accessing health care. *"When the transport comes, it's going to take them; after they've seen the doctor, they have to stay there for one hour and they're going to wait there for another two or three hours before the transport comes for them. But I think that is just unnecessary."*



Profile of LOCAL AREA

23%*

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

29%**

of households in Orleans Parish have severe housing problems^b

42%***

of women living in poverty are of reproductive age^c

21%***

of women of reproductive age are uninsured^d

* Metropolitan Statistical Area (MSA) level data

** County level data

*** City level data

a - BRFSS, 2014

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

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

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

RECOMMENDATIONS for WELL-WOMEN in NEW ORLEANS



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.

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

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



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.