

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 Oakland 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 Oakland 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 OAKLAND



Women's competing demands and priorities make accessing health care difficult. *"At times you think that the woman doesn't want to take care of herself and that we don't know how to take care of ourselves. I don't think that's it...What happens is at times we don't have a way to do it. Because I think that we understand that we're mothers, that we need to take care of ourselves, that we take care of so many people: our children, our husband, our family."*

Relationships with providers are key to women's decisions about accessing care. *"Sometimes, when you go to the doctor, it just seems like you're talking to a robot. Like there's nobody there. You're just talking..."*



Positive mental health is integral to being a "healthy woman". *"As I got older I realized how important it is to make sure my entire body is healthy including my mind and emotional state. So I sought out counseling over twenty years ago. Since then I have been able to learn how to cope with life struggles and recognize when I need help from a professional. I have even encouraged friends and family members to protect their mental health and seek counseling when needed."*

Healthy food, safe environments, and opportunities for physical activity are vital for women. *"I have to travel outside of my home [neighborhood] to find and stock up on healthy food options for my children and me. I try not to let my environment affect me and step outside the box but it is often hard when you have to do what is convenient for you."*



Women report difficulty or fear in accessing care if they do not have U.S. citizenship or do not speak English. *"I think at times also the fear that you don't have documentation, at times it prevents you from looking for a service. Or the language, that it's not easy to find them if you don't speak English. There aren't always people that can help you fill out the papers in Spanish."*

Inadequate childcare and transportation are major impediments to accessing health care. *"So I've skipped an appointment because I say how are they going to be examining me with two children there? I don't have any place to leave them."*



Women report differences in the quality of and access to care based on their insurance status. *"They have appointment slots open a day or a month, and they only see a certain amount of Medi Cal patients. That's why, sometimes, when you call the doctor, they'll push you months out because they got all of these other Medi Cal slots filled. So that's messed up."*

Profile of LOCAL AREA

11% *

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

65% *

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

43% **

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

17% **

of women of reproductive age **are uninsured** ^c

15% **

of women of reproductive age **have less than a high school diploma** ^d

* Metropolitan Division (MD) level data

** City level data

a - BRFSS, 2014

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

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

d - ACS, 2015, 5 year estimate; Table B15001

RECOMMENDATIONS for WELL-WOMEN in OAKLAND



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.

Provide play areas or supervised childcare facilities in health clinics/provider's offices.

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.

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



Recommendation 3

Develop policy and educational materials focused on city-specific sick and personal leave policies.



Recommendation 4

Work with community partners to ensure the availability of community-based resources for self-care and respite (e.g., yoga, mindfulness, stress reduction, exercise, drop-in centers, etc.).