

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 Omaha 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 Omaha 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 Omaha



The healthcare delivery system is not woman-friendly. "Sometimes as we have low resources and we don't have enough money, we prefer to take something at home...Besides, you come here and you spend the little you have and honestly, you have to wait for a very long time to be able to see the doctor. You have to spend the whole morning here or the entire afternoon and that is one of the reasons why sometimes I don't come."



Relationships with providers are key to women's decisions about accessing care. "I think finding the right doctor that you're comfortable with that will take good care of you and won't just agree with you and will take time to listen to your problems and need."



Women weigh cost vs. benefits when deciding to access care. "People have to pay for the rent, the bills and honestly, people have three or four kids and even though you say it's not expensive to spend \$40.00 or \$50.00 for those people it's a lot of money and they just can't afford it."

Women report that low-income individuals are treated poorly compared to others. "And they don't want to give you the information, and this has happened to many people I know, especially if they see that the person is poor, and I'm saying this because I have seen it."



Women report difficulty or fear in accessing care if they did not have U.S. citizenship or did not speak English. "It's difficult when you come and you have the language barrier - so, you can't communicate and it is difficult to trust that person."

Inadequate childcare and transportation are major impediments to accessing health care. "As far as transportation, the vans that Medicaid pays for to take people, they should work more with the patient because now they don't even provide rides to the WIC office and they won't let your other kids ride with you unless they have an appointment."



Positive mental health is integral to being a "healthy" woman. "My biggest obstacle with my health care is the cost to see a mental health professional. Even with insurance the copay is \$50 per visit and often times you must meet with the professional weekly or biweekly. As a woman who has recently lost her child I think I would benefit from therapeutic services but I am unable to afford the cost of attending even on a monthly basis. Everyone should have access to affordable healthcare and that should include mental health."

Profile of LOCAL AREA

19%*

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

19%**

of women of reproductive age
are uninsured^c

6%**

of women of reproductive age in the
civilian workforce are unemployed^d

* Metropolitan Statistical Area (MSA) 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 B23001

RECOMMENDATIONS for WELL-WOMEN in Omaha



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.

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.

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; encourage the provision of resources in multiple languages (as appropriate) which delineate the rights of all patients in the healthcare 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.



Recommendation 4

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