



Well-Woman Visit Toolkit: For Communities

EVERY WOMAN. EVERY TIME.



Kansas Department of Health and Environment

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Toolkit Overview

This toolkit supplement was developed by the Kansas Department of Health and Environment (KDHE)¹ for communities to utilize as a guide to expand access and care for women across the lifespan through the well-woman visit. KDHE is committed to assisting communities as they work to improve health outcomes and address barriers to services that impact the health of women in Kansas.

The content of this toolkit was developed from a number of reliable and trusted sources, including the American College of Obstetricians and Gynecologists' (ACOG) [Women's Preventive Services Initiative \(WPSI\)](#), [CityMatCH](#), and the University of Illinois School of Public Health' (UIC-SPH) Well-Woman Project, among others.

This toolkit resource is a guide for community stakeholders and partners (allied professionals, community leaders, policymakers, etc.) to use and adapt to meet the unique needs of communities across the state. As preventive services evolve into more comprehensive, integrated and holistic endeavors, it is important to acknowledge that a single provider alone cannot address all medical and social care needs of individuals. This toolkit serves as a starting place, and for many a continuation of efforts, to ensure the provision of consistent, quality medical care while building community systems that foster long-term and sustainable health outcomes for women and families.

The Importance of the Well-Woman Visit

Definition

The Title V Maternal and Child Health Services Block Grant to States Program Guidance² defines the well-woman visit as the following:

A well-woman or preconception visit provides a critical opportunity to receive recommended clinical preventive services, including screening, counseling, and immunizations, which can lead to appropriate identification, treatment, and prevention of disease to optimize the health of women before, between, and beyond potential pregnancies. For example, screening and management of chronic conditions such as diabetes, and counseling to achieve a healthy weight and smoking cessation, can be advanced within a well woman visit. This can promote women's health prior to and between pregnancies and improve subsequent maternal and postpartum outcomes. The annual well-woman visit has been endorsed by ACOG and was also identified among the women's preventive services required by the Affordable Care Act (ACA) to be covered by private insurance plans without cost-sharing.²

¹ This project is supported by the Kansas Department of Health and Environment with funding through the Health Resources and Services Administration (HRSA), U.S. Department of Health and Human Services (HHS) Title V Maternal and Child Health Services Block Grant #B04MC31488

² Health Resources and Services Administration. 2014. Title V Maternal and Child Health Services Block Grant to States Program: Guidance and Forms for the Title V Application/Annual Report, p. 66.

Statement of Need in Kansas

Women across the lifecycle, throughout Kansas, are seeing declines in health outcomes. Obesity-related medical care costs [alone] in the United States, in 2008 dollars, were an estimated \$147 billion.³ According to the United Health Foundation's *America's Health Rankings*, over the past 30 years Kansas has dropped from the 12th healthiest state in 1990 to the 29th healthiest state in 2019.⁴

- The percentage of women receiving a well-woman visit in Kansas decreased to 62.9% while the national rate rose to 66.8%.⁵
- Between 2016 and 2019 excessive drinking among women ages 18-44 in Kansas increased 28% from 14.9% to 19.1%.⁶
- A total of 30.8% of women in Kansas were obese, above the national average of 27.4%.⁷
- After nearly two decades of declines in cardiovascular deaths, Kansas is experiencing an increase in cardiovascular deaths among women greater than that of the national average at 218.3 per 100,000 deaths.⁸

Uncontrolled chronic disease contributes to high-risk pregnancy and poor birth outcomes, including low birthweight and preterm birth, which rose nearly 9% in Kansas between 2016 and 2019.⁹ In addition, the severe maternal morbidity (SMM) rate among delivery hospitalizations in Kansas has steadily increased in recent years, from 54.6 in 2016 to 61.9 per 10,000 delivery hospitalizations in 2019, a 13.4% increase.

How Communities Can Help

Healthy women are a cornerstone of healthy communities. We all have a stake in supporting women and increasing access to screening and prevention services. In this section community partners, allied professionals, policymakers and leaders will find resources to help communities support women and increase access and awareness around the importance of the well-woman visit.

Addressing Barriers

The [Well-Woman Project](#), a joint effort of the University of Illinois School of Public Health (UIC-SPH) and CityMatCH, conducted listening sessions with 156 women in eight cities across the country in the spring of 2016 and gathered over 100 additional stories that were shared through the Well-Woman Project website. After analysis, 13 barriers were identified along with a list of responses, recommendations and resources for each. To review the barriers and proposed solutions in their entirety, visit the Well-Woman Project website, <https://www.citymatchlearning.org/well-woman/index.php>. Below are a list of community-related barriers

³ Finkelstein EA1, Trogon JG, Cohen JW, Dietz W. Annual medical spending attributable to obesity: payer- and service-specific estimates. *Health Aff (Millwood)*. 2009 Sep-Oct;28(5):w822-31. doi: 10.1377/hlthaff.28.5.w822.

⁴ <https://www.americashealthrankings.org/explore/annual/state/KS>

⁵ CDC, Behavioral Risk Factor Surveillance System, 2019

⁶ CDC, Behavioral Risk Factor Surveillance System, 2019

⁷ CDC, Behavioral Risk Factor Surveillance System, 2019

⁸ CDC, Behavioral Risk Factor Surveillance System, 2019

⁹ CDC, Behavioral Risk Factor Surveillance System, 2019

and recommendations to address these obstacles, including recommendations derived from the [Kansas Maternal and Child Health Needs Assessment](#).

- 1. Women in many cities reported long distances to providers, as well as no available parking, unreliable and unsafe public transportation when traveling with small children (i.e., no room for car seats, strollers), and unreliable and not woman-friendly transportation services (i.e., van services).*

CityMatCH Recommendations:

- Encourage large health systems and FQHCs to explore partnerships with ride-sharing organizations for patient transportation.
- Work with city Department of Transportation to explore and develop plans to provide child-friendly public transportation.
- Work with large health system and FQHCs to encourage provision of free parking vouchers or free/discounted bus/train cards to attend appointments; development of play areas or supervised childcare facilities in health clinics/provider's offices.

KDHE Recommendations:

Access to safe and reliable public transportation is a barrier to service in both rural and urban areas of Kansas. KDHE encourages collaboration between local and state leaders and stakeholders to expand access to broadband and free wireless service that can be utilized by clients to obtain care via telehealth.

- 2. Some women reported being frequently unable to take their children to their appointments due to a lack of child-friendly clinics and/or being unable to obtain childcare in order to attend their health care appointments.*

CityMatCH Recommendations:

- Work with city Department of Transportation to explore and develop plans to provide child-friendly public transportation.
- Work with large health system and FQHCs to encourage: provision of free parking vouchers or free/discounted bus/train cards to attend appointments; development of play areas or supervised childcare facilities in health clinics/provider's offices.

KDHE Recommendations:

- Encourage partnerships between area agencies, like the YMCA or other child care providers, to offer on-site child care one day a month and promote the service through social media, and other advertising channels to encourage women with young children to schedule their well-visit appointments.
- Fund and promote preventive care-only hours on Saturdays when other caregivers like spouses or other family members may be available to watch young children during the mother's appointment.
- Encourage area child care providers to seek out collaborative funding opportunities to offer hours that are extended beyond traditional hours and/or available on weekends.

- 3. Women discussed having jobs that did not offer paid sick time, personal days, or vacation time which resulted in losing pay to see a health care provider. Women also discussed being unable to make traditional office hour appointments due to their inability to take time off during the day.*

CityMatCH Recommendations:

- As needed, create a city-wide task force to include key stakeholders to consider adoption of paid sick leave for both public and private employees.
- Develop policy and educational materials focused on city-specific sick and personal leave policies.

KDHE Recommendations:

- Fund and promote child care providers to extend their hours beyond traditional times and ensure they work collaboratively with the health department and align with their office hours.
- Encourage businesses and local government entities to partner with health care navigators who can serve as resource referrals for human resource department professionals working with, or supporting, pregnant or postpartum employees.

- 4. Women discussed being at long distances from family members and having little to no local support network to draw upon to help with family-related tasks which increased stress and reduced their ability to be healthy or to seek health care.*

CityMatCH Recommendations:

- Explore development of a cadre of women's health peer advocates who can be present at women's appointments and advertise their availability through mobile technology.
- Work with health systems, FQHCs, and other stakeholders to increase "group" approaches to care for specific types of care.

KDHE Recommendations:

- Support and promote area social groups that foster a sense of community, including neighborhood associations, faith-based organizations, Ag Extension meetings and groups such as parent support groups and public health programs such as Becoming A Mom.
 - Utilize social media and online meeting platforms, like Zoom, to facilitate online meetings in addition/in place of in-person gatherings.
- 5. Many women serve in a multitude of roles, many of them involving caretaking. Women described the "second shift" and the competing demands of their work, family, and home duties which often prevent them from being healthy and seeking care.*

CityMatCH Recommendations:

- As needed, create a city-wide task force to include key stakeholders to consider adoption of paid sick leave for both public and private employees.
- Develop policy and educational materials focused on city-specific sick and personal leave policies.

KDHE Recommendations:

- Gather area partners (afterschool programming, youth recreation, etc.) and create monthly, free ‘Parents Night Out’ events that provide free programming and child care for several hours in the evening – allowing women to rest, take care of themselves, and recharge or attend necessary appointments.
- Use social media and other advertising channels to regularly address the importance of receiving physical and mental health care.

6. Women described family and cultural barriers, specifically with respect to accessing sexual and mental health services. These perceptions and beliefs affected how frequently women sought care; some women documented using “home remedies” and self-care outside of formal medical settings to avoid seeing a provider.

CityMatCH Recommendations:

- Explore approaches to: development of a women-centered, consumer-driven mechanism to enable reviews of provider; enable women to have their health histories available on personal "apps" so that providers can readily access this information.
- Partner with major health systems to develop and offer training to increase cultural competency/humility of the clinical workforce.

KDHE Recommendations:

- Use social media and other advertising channels to frequently address the importance of receiving physical and mental health care. Ensure that the images as well as the messaging are reflective of the diversity of the community you are seeking to serve. Conduct focus groups with diverse members of the community to provide feedback on the messaging and be sure to include individuals of different races and ethnicities, socioeconomic status, and age.
- Provide direct access via integrated health models, where well-woman exams and mental health are provided synchronously in-office through collaboration between agencies. Immediate referrals may also be made from well-woman exams into mental health services by navigators- include transportation needs, child care, and paperwork required.

Resources

The following resources can be distributed to and by community partners and allied professionals including social workers, school staff and other professionals.

Patient Resources

Patient Well-Woman Visit Brochures (English and Spanish):

https://www.nwlc.org/sites/default/files/final_well-womanbrochure.pdf

Youth Health Guide <https://www.womenspreventivehealth.org/wellwomanchart/>

My Life, My Goals: Reproductive Wellness Workbook https://www.kdheks.gov/cf/integration_toolkits/Reproductive_Life_Plan.pdf

Kansas Crisis Hotline 1-888-END-ABUSE, provides confidential support 24/7 to victims of domestic violence, sexual assault and stalking.

National Suicide Prevention Lifeline provides 24/7, free and confidential support for people in distress, prevention, and crisis resources for you or your loved ones, and best practices for professionals. Call 1-800-273-8255 or 1-888-628-9454 for Spanish.

Crisis Text Line is a free, 24/7, confidential text message service for people in crisis. To reach a crisis counselor, text Kansas to 741741.

Kansas Community Mental Health Centers (CMHCs) offer crisis services 24/7. Contact the CMHC for the county you are currently in for crisis services: <http://www.acmhck.org/wp-content/uploads/2018/01/CommunityMentalHealthCentersofKS-Revised-1-10-18.pdf>.

Veterans Crisis Line offers 24/7, confidential support to veterans, service members, National Guard and Reserve members, and their family member and friends. Call 1-800-273-8255 and Press 1 or text 838255.

Tobacco Cessation KS Quitline: 1.800.QUIT.NOW or KSQuit.org (online chat)

KS Parent Helpline 1-800-CHILDREN is a free, statewide, anonymous, information and referral service.

Health Equity and Social Care

- National Academies of Science, Engineering and Medicine: *“Integrating Social Care Into the Delivery of Healthcare: Moving Upstream to Improve the Nation’s Health”*
<https://www.nationalacademies.org/our-work/integrating-social-needs-care-into-the-delivery-of-health-care-to-improve-the-nations-health>
- Diversity and Health Equity in Maternal and Child Healthcare:
https://mchb.hrsa.gov/training/documents/MCH_Diversity_2016-05_RFS.pdf
- Moving to Institutional Equity: A Tool to Address Equity for Public Health Providers
https://chronicdisease.org/resource/resmgr/gillan's_files/health_equity_june_2017.pdf
- LGBTQIA+ Health Education Center: <https://www.lgbtqihealtheducation.org/>

Mitigating Implicit Bias in Healthcare: <https://u.osu.edu/breakingbias/tools-for-mitigating-bias/>

Mental Health and Substance Use

- National Council on Behavioral Health <https://www.thenationalcouncil.org/integrated-health-coe/resources/>
- SAMHSA-HRSA Center for Integrated Health Solutions <https://www.integration.samhsa.gov/clinical-practice/screening-tools>
- KDHE Mental Health Integration Toolkit https://www.kdheks.gov/c-f/mental_health_integration.htm
- KDHE Screening, Brief Intervention, and Referral to Treatment Toolkit https://www.kdheks.gov/c-f/SBIRT_Toolkit.htm

Support for Service Providers

- **SAMHSA’s Disaster Distress Hotline** provides 24/7, 365-day-a-year crisis counseling and support to people, including medical professionals, experiencing emotional distress related to natural or

human-caused disasters and infectious disease outbreaks. Call 1-800-985-5990 or text TalkWithUs to 66746. For Spanish speakers, call 1-800-985-5990 and press 2 or text Hablanos to 66746.

Raising Awareness

Community-based organizations and local governments can assist in spreading awareness about the importance of the annual well-woman visit through a variety of ways. KDHE has created a [Well-Woman Visit Promotional Flyer](#) that can be printed and posted in exam rooms, waiting areas or distributed via social media, tabling events, etc. Below, we have provided tools such as awareness toolkits and sample media posts that can be used and adapted to meet the needs of your local community.

Campaigns and Promotional Tools

These campaigns can be utilized in parts or in its entirety through social media, traditional press, and hard copy promotion.

- Well Women, Well Communities Toolkit <https://www.citymatch.org/well-women-well-communities/>
- #YouGoGirl, American Heart Association Well Woman Promotional Video <https://www.youtube.com/watch?v=DIN-svKAKT4>
- Care Women Deserve <http://carewomendeserve.org/>
- Women's Health Month Toolkit <http://www.kansasmch.org/womenshealthmonthtoolkit.asp>

Sample Social Media Posts

- Do you know how to #BeAWellWoman? Well-Woman visits are available without additional costs, like co-pays and deductibles. Learn more about what questions you should be asking your provider at your next check-up. www.nwlc.org/wellwoman
- What kind of education and counseling can you get at your no-cost well-woman visit? #BeAWellWoman