



>> Well-woman care

Listening to women and health care providers

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Executive summary

The well-woman visit promotes health through disease prevention and preventive health care over the course of a woman's lifetime. Well-woman visits provide a critical opportunity to receive recommended clinical preventive services, screening and management of chronic conditions such as diabetes, counseling to achieve a healthy weight and smoking cessation, and immunizations. High quality well-woman care increases the likelihood that any future pregnancies are by choice rather than chance and decreases the likelihood of complications for future pregnancies. Despite clinical recommendations for an annual well-woman visit and coverage guaranteed through the Patient Protection and Affordable Care Act (ACA) in Oregon, more than 40 percent of women did not receive a well-woman visit in the past year, one of the lowest rates in the country.¹

To improve the health of women before, between and beyond potential pregnancies, the Maternal and Child Health (MCH) Section of the Oregon Health Authority (OHA) is working to increase the percentage of Oregon women receiving high-quality well-woman care. This is key to improving women's health, reducing unintended pregnancies and improving outcomes for any future pregnancies.

To develop well-woman care strategies and activities, the MCH Section partnered with local public health authorities (LPHAs) and tribes to hold listening sessions and key informant interviews to better understand:

- Women's experiences and barriers to accessing well-woman care
- Challenges faced in accessing culturally responsive care and
- Women's perspective on care improvement.

This report documents themes drawn from the listening sessions and key informants. Key themes included:

- Health care providers generally recommend annual well-woman/preventive care visits.
- Most women did not identify preventive services as a main reason to go to the doctor or health care provider.
- Changing recommendations on preventive screenings have created confusion.
- Women seek care with health care providers they know and trust.

¹ America's Health Rankings: https://www.americashealthrankings.org/explore/2018-health-of-women-and-children-report/measure/well_women_visit_women/state/OR

- Listening session participants described many barriers to well-woman care including:
 - o Health care provider and staff attitudes
 - o Distrust of health care providers/fear of practices
 - o Preventive care not being a priority
 - o Lack of culturally appropriate care
 - o Discomfort with pelvic examinations
 - o Transportation issues and
 - o Lack of childcare.

The themes drawn from the listening sessions and key informant interviews led to the following recommendations:

- Public Health should partner with health systems and community organizations to develop public awareness campaigns that focus on the importance of women's health and preventive care.
- Public Health should partner with health systems to offer training to increase the clinical workforce's cultural competency and provide trauma-informed care.
- Health systems should develop strategies to make appointments more available, allow more time for patient-provider interaction and integrate mental health services into preventive care visits.
- Public Health should partner with health systems and community organizations to decrease transportation and childcare barriers.

The Oregon Health Authority's (OHA) MCH Section greatly appreciates the time the listening session and interview participants spent sharing their knowledge and ideas on well-woman care. Oregon's Title V Maternal and Child Health Program will integrate these recommendations in to the Title V funded activities that are implemented by state and local public health, tribes and their health system partners.

Background, recruitment and methods

Background

Receiving high-quality well-woman care is key to improving women's health before, between and beyond potential pregnancies. A Well-Woman Visit, sometimes also called an annual, annual physical, wellness visit, or well-woman exam is a preventive health service that includes a physical examination and discussion about health with a health care provider. Under the ACA, well-woman care is a covered benefit (with no copayment required) and may be provided by an assortment of health care providers, including family physicians, internists, nurse midwives, nurse practitioners, obstetrician-gynecologists, and physician assistants. High-quality Well-Woman visits are tailored to age, family history, past health history, and need for preventive screenings. It may take more than one visit to get all recommended screenings and services. Well-Woman Care offers an opportunity to identify and address health concerns early and improve women's health across the lifespan. Increasing the number of women that receive well-woman care is a national priority area for the Title V Maternal and Child Health (MCH) Block Grant. This federal grant provides funding to Oregon to carry out MCH programs and related activities through state Public Health, local public health authorities (LPHA) and Oregon tribes.

How did MCH recruit participants?

MCH had a particular interest in listening to low-income women, Black women and Native American women; these groups are more likely to experience poor maternal and child health outcomes.

Recruitment

The MCH Section sought to partner with rural and urban LPHAs as well as tribes to implement the listening sessions and had a particular interest in listening to low-income women, Black women and Native American; these groups are more likely to experience poor maternal and child health outcomes. LPHAs in Multnomah, Jefferson and Marion counties and the Warm Springs Tribe volunteered to partner with the MCH Section in these efforts. In Multnomah County, we conducted an additional listening session with staff (nurses and community health workers) working in the Healthy Birth Initiative Program. This program works to improve access to health care and provide ongoing support to African American women and their families before and after birth. Each listening session was scheduled for 90 minutes. The MCH Section provided funding for healthy food and incentives (\$25 Fred Meyer or Safeway gift cards) for participants. [Appendix A](#) explains the demographics of the listening session participants.

MCH staff interviewed health care providers and a clinical researcher. MCH staff sought a mix of primary care health care providers and specialists for interviews. The phone or in-person interviews, scheduled for 30 minutes each, included three OB/GYNs, two family practice physicians, two family planning health care providers and one researcher. For a list of those interviewed, see [Appendix B](#).

Methods

MCH staff prepared a script and questions and conducted each of the listening sessions and key informant interviews. Staff reviewed an informed consent form ([Appendix D](#)) with each participant and collected demographic information from each participant in the listening sessions. Staff did not collect identifying information. MCH staff took notes and all sessions and interviews were recorded with the participants' permission. Discussion items included:

- Reasons women go to a health care provider
- Reasons women don't go to see a health care provider
- Understanding of what a well-woman visit is and if it's important
- Understanding of what preconception care is and if it's important
- Experience of care
- Ways experience of care could improve.



Analysis

MCH staff used Nvivo 10 qualitative analysis software to analyze audio recordings of the interviews and listening sessions. An analyst listened to each recording and coded segments of the audio tracks related to questions about well-woman visits. These references were sorted into categories that fit the major themes described in this report.

Themes

This report's themes come from all listening sessions and key informant interviews (see [Appendix C](#)). Each session's and interview's unique issues follow this summary.

Health care providers generally recommend annual well-woman/preventive care visits.

Health care providers generally recommended their patients have annual preventive visits (not always called well-woman visits) for their patients. A few of the health care providers interviewed acknowledged that all women may not need annual visits (e.g., younger women without chronic conditions or birth control needs), but they still generally recommend annual visits for all women because it allows them to develop a relationship with their health care provider. Health care providers described focusing on the age-based recommended screenings and reproductive health care during a well-woman visit and then providing individualized care based on the patient's needs and identified priorities. While the health care providers interviewed recommended annual visits, they observed that the health care systems do not focus on annual preventive visits for women. Health care providers described a greater focus on specific screenings (e.g., Pap smears) and metrics (e.g., OHA's effective contraceptive use metric for coordinated care organizations). However, in general, health care providers felt that concentrated efforts were not made at the health care systems level to get women in for an annual visit.

Most women did not identify preventive services as a main reason to go to the health care provider.

The most common reasons given for going to the health care provider were if they were sick, "something was wrong" or because they were pregnant. None of the participants used the term "well-woman visit"; however, women did mention check-ups, yearly physicals required by employer, and preventive services such as birth control and Pap smears.

Changing recommendations on preventive screenings have created confusion.

Both women and health care providers stated there was confusion over the changing recommendations for preventive screenings, e.g., for the Pap smear. In the past,

an annual Pap smear was recommended for all sexually active women, and health care providers routinely included a Pap smear as part of well-woman visits. Women often associated the annual visit with the Pap smear. With changing screening recommendations, some women thought annual examinations were no longer recommended and not covered by health insurance. Some women found the distinction between a Pap smear and a pelvic examination confusing.

“My experience is, when I was trained in medicine, in my first 10, 15 years of practice, it was a very solid recommendation, that everybody comes every year for a Pap smear. So ... that’s what they call their visit: “I’m here for my Pap smear.” No one would say, “I’m here for my well-woman exam,” or “I’m here for my annual checkup.” They’ll say, “I’m here for my Pap smear.” So, of course you’ll do a whole well-woman exam, but the way they’ve linked the visit is that “It’s time for my Pap smear.” When the recommendations changed around the Pap smear, for me that was a major turning point ... When that changed, there was an enormous messaging change to women. Then women didn’t see a reason to come in anymore.” — Health care provider

Women seek care with health care providers they know and trust.

Listening session participants as well as the key informants were asked about whether they felt primary care health care providers or specialty care health care providers should be providing well-woman care.

Some health care providers (both primary care and specialists) thought primary care health care providers best deliver well-woman care because of their ability to manage chronic conditions. However, some health care providers noted that some primary care health care providers are not comfortable providing reproductive health services and that many women never establish care with a primary care provider, so specialists are often the only health care provider women see.

When asked who should provide well-woman care, one interviewee, an obstetrician/gynecologist, said:

“I think we’re all in a position to do that, honestly. I think the family practice physicians and nurse practitioners and women’s health nurse practitioners, OB/GYN, I think we’re all trained and capable of doing that. So I really think it’s those health care providers that have trust from the patient.”

In the listening sessions, many women described a preference for reproductive health specialists and female health care providers for contraception and preconception health needs.

“I don’t think that many men have an understanding about it.”
— Listening session participant

“They’re more meticulous...when you go to a specialist, that’s all they do.”
— Listening session participant

Barriers

Listening session participants described many barriers to well-woman care.

These barriers generally fell into one of three categories: barriers related to the health care provider or other staff, barriers related to the patient and barriers related to the health care system.

Health care provider and staff attitudes

When discussing challenges about visiting a health care provider, women described health care providers who did not care about them and who dismissed their concerns. They said that some health care providers did not take the time to get to know them to understand their concerns, and did not explain why they were doing certain tests or treatments. They described health care providers who either talk down to them or use words they don't understand. Women described health care providers who were judgmental toward plus-sized women and office staff who were not knowledgeable or helpful.

“They’ll use big words like “mastoid.” No, just say tell me this part right here on my neck. Or they really, sometimes they will talk sooo slow. Like dumb it down.” — Listening session participant

“When I went in to my last appointment she said, “I’m kinda concerned you lost so much weight,” as I’m holding a newborn. They either forgot I was pregnant or ... (laughs).” — Listening session participant

“I had a bacterial infection that landed me into the hospital ... All that could have been prevented... I was trying to get in to see the doctor, like two or three weeks before that whole situation happened because I was having pain and stuff. The receptionist just didn’t seem to care that I was having pains and stuff, and said that I needed to wait until I had my monthly appointment with my doctor.” — Listening session participant

“ If they’re in an unsafe situation, they’re not going to tell a white doctor. They’re just not. I wouldn’t. ”

—Healthy Birth Initiative Staff

Distrust of health care providers/fear of health care provider practices

Many women described a distrust of health care providers. For some women, this lack of trust related to concerns about confidentiality. For others, it related to a fear due to their undocumented status or concerns about being reported to Child Protective Services. Others reported a belief that some health care providers give

unnecessary drugs, make recommendations based on non-medical information, are unable to resolve problems and misdiagnose patients' conditions. One mother expressed a fear of separation from her child during treatment. One listening session participant said that a previous bad experience with a health care provider made her distrust others.

Lack of culturally appropriate care

Closely related to distrust of health care providers is a lack of culturally appropriate care. Native American and African American women expressed a concern about poor medical care due to racism or the lack of culturally responsive services.

They related instances in which health care providers misdiagnosed them and made erroneous assumptions about their history. For example, one Native American mother described repeated drug testing. An African American mother described being questioned repeatedly about domestic violence.

‘My client said they would ask her domestic violence questions over and over just because the father of the baby showed up to the appointment. The big myth is that Black men don’t show up to, don’t take care of their kids, so if he comes here, he must be following you to make sure you’re not saying anything about it, and that really pissed her off.’

— Healthy Birth Initiative staff

“If they’re in an unsafe situation, they’re not going to tell a white doctor. They’re just not. I wouldn’t.”—Healthy Birth Initiative staff

One listening session participant noted that African American women are not represented in trials to test drugs. As a result, they experience a disproportionate number of adverse effects from those drugs. Another notes that in the African American community that birth control is perceived as a form of population control. Participants in a listening session that included Native Americans expressed a related perception that health care providers were biased against women who want large families.

“If you want to get pregnant, that’s kind of frowned upon. Me and my significant other, we want a big family.”— Listening session participant

“Us mothers who are working mothers ... I get shamed for having multiple babies.”
— Listening session participant

Preventive care is not a priority

A barrier to well-woman care voiced in the listening sessions and the key informant interviews was that many women do not see preventive visits as important.



Some women described a family history of not going to a doctor unless something is wrong. This theme emerged in many ways, including statements such as:

“Just personally, for me, when I became pregnant was when I really established a primary care provider. I had seen doctors before, as a kid, going in for checkups and stuff, but the whole time I was in college I never went to the doctor ‘cause I wasn’t sick, so I didn’t feel that I needed to go.” — Listening session participant

A few of the listening session participants mentioned that mothers tend to care for themselves only after everyone else in the family is cared for, a sentiment echoed by health care providers.

“Women in general attend to their own health care last. They tend to make sure that their children and family, including their spouses, are attended to before they take care of themselves.” — Health care provider

“Women culturally don’t take the time to take care of themselves. They’re too busy taking care of everybody else.” — Health care provider

Discomfort with pelvic examinations

Some listening session participants expressed a general discomfort with pelvic examinations as a reason they avoided annual visits. Some specifically mentioned being uncomfortable having a male doctor perform a Pap smear, while another participant said that she was uncomfortable having multiple people present during pelvic exams.

Transportation

Mothers in both rural and urban settings mentioned transportation as a barrier to well-woman care, and one noted that gentrification played a role in exacerbating that problem.

Lack of childcare

Mothers frequently cited not having easy access to childcare or having to bring children with them to appointments as a challenge to receiving care.

Time

Time was a frequently mentioned barrier to quality well-woman care. Listening session participants described being rushed during appointments and being required to make another appointment when they asked too many questions.

“They told my client one time, ‘You’re asking too many questions, so we need to reschedule you.’ ” — HBI staff

Time factored into other aspects of receiving care, including time taken away from work, the time it takes to get an appointment and the time spent waiting during appointments.

“When you’re a working mother and you take time off of work to come down here and you sit for three hours for your twenty-minute appointment, not even that, it’s really frustrating, because even if they call you in and take your vitals, you’re still waiting for the doctor to come in and do what he needs to do.” — Listening session participant

Access to care

Access to well-woman visits, and to health care in general, depends largely on having insurance. Several people cited issues related to insurance when discussing why some women do not get well-woman care. People noted the perception that some insurance plans do not cover annual visits. Since some people equate the Pap smear with the annual exam, some women believe that this means that their insurance will not cover an annual examination.

Women described the experience of health care providers not accepting Medicaid (Oregon Health Plan) patients. Or if accepted by a health care provider, women insured by Medicaid faced longer waits for appointments.

“I had OHP for a long time. Now I have private insurance. And it was, ‘Oh, we can’t get you in,’ and I update my insurance, and it was, ‘We can see you tomorrow.’ I’ve been told, ‘We can only take so many OHP patients and you have to have a new patient examination. Those are four months out.’ ”

— Listening session participant

Lack of continuity of care

Women described seeing a different health care provider at every visit; an experience they found frustrating. Rather than building a relationship with the same doctor over time, they must explain their history at every visit.

“I’ve had five different doctors in the last two years. With each doctor, every time I go in, I get a different doctor. I have to explain my whole medical history.”

— Listening session participant

Two listening session participants described being referred to the emergency room for care when attempting to seek care from their health care provider. One stated that once there, the emergency room staff said that it wasn’t an emergency. The other said that she simply did not receive treatment.

Listening session participants also expressed frustration over limited clinic or health care provider hours, the lack of translation services and, in rural areas, the lack of enough health care providers.

Health care providers identified additional barriers to women receiving well-woman care.

Some health care providers felt that the fragmentation of the healthcare system makes it challenging for women to follow up with different health care providers. Women may not know which health care providers can offer specific services. Changes in standards of care and the easy availability of birth control have made the reasons for a woman to attend a preventive health visit less clear. The type of health care provider that provides well-woman care is likely to be determined as much by a woman’s needs and preferences as by her access or health plan availability.

Health care providers also noted that the time it took to review patients’ histories and address all concerns was challenging given the number of patients they must see each day. Health care providers described systems put in place to encourage efficiency that may add to the patient’s feeling of not being listened to and being rushed. Family planning clinics also discussed policies that limit their scope and ability to provide comprehensive well-woman care.

Health care providers suggested ways to improve preventive care for women.

- Using a structured template for electronic health records to inform health care providers what a patient needs
- Developing better messaging about the need to have well-woman and preconception care visits
- Providing patient-centered contraception counselling with follow-up
- Including the well-woman visits as a Healthcare Effectiveness Data and Information Set (HEDIS) measure.

Women suggested ways to improve preventive care for women.

- Setting up whole family appointments
- Providing incentives for Pap smear visits

- Offering gym memberships to support health
- Providing mental health services as part of the well-woman visit
- More outreach around well-woman visits, sending reminder cards in the mail
- Providing wider insurance coverage for visits.

Recommendations

Based on the themes drawn from the listening sessions and key informant interviews, the following recommendations were developed:

- Public Health should partner with health systems and community organizations to develop public awareness campaigns that focus on the importance of women's health and preventive care.
- Public Health should partner with health systems to offer training to increase the cultural competency of the clinical workforce and the provision of trauma-informed care.
- Health systems should develop strategies to increase the availability of appointments, allow more time for patient-provider interaction, and integrate mental health services into preventive care visits.
- Public Health should partner with health systems and community organizations to decrease barriers related to transportation and childcare.

Oregon's Title V Maternal and Child Health Program will consider these recommendations as Title V funded activities are planned and implemented.

Appendix A

Listening Session Demographics

Place	# of participants	Age range	Race/ethnicity	Insurance
Multnomah County	12	20-52	6 African American 2 African 1 Black 1 Black/Asian 1 European/Black 1 Pacific Islander	9 OHP 1 Kaiser 1 None 1 Unknown
Multnomah County (staff)	7	25-53	5 African American 1 Black/African American 1 African American/White	Not collected
Warm Springs	6	28-36	6 American Indian	4 OHP 1 None 1 Unknown
Jefferson County	12	21-42	7 White 3 Hispanic/Latino 2 Native American	11 OHP 1 None
Marion County	10	22-38	8 White 1 Hispanic 1 Asian/White	7 OHP 2 Providence 1 Kaiser

Appendix B

Key informant interviewees

Researcher

(Jillian Henderson, PhD, MPH, Kaiser Permanente Center for Health Research)

Primary care health care providers

Family practice physicians (Helen Bellanca, MD, and Amy Henninger, MD)

Specialty care health care providers

Obstetrics/gynecology physicians (Marni Carlyle, MD, Michelle Berlin, MD, and Kimberly Vesco, MD)

Family planning health care providers (Stephanie Wiley, NMNP, and Lil Reitzel, NP)

Appendix C

Major themes by listening session

Jefferson County

Participants in the Jefferson County listening session discussed the way perceived biases presented a barrier to women's trust in their health care providers. These included a perceived bias against plus-sized women, women who want large families and a general perception that health care providers make erroneous assumptions about their histories. They also mentioned that the lack of translation services was a barrier to care.

They also discussed the effect of misdiagnosis and errors in treatment on their trust in health care providers. In some cases, participants did not see health care providers as caring about their patients, who sometimes felt judged, rushed and neglected. They were frustrated that they saw a different doctor at every visit and had to explain their health history each time.

This listening session also discussed insurance problems' effects on their care. These included insurance coverage annual visits, health care providers who do not accept Oregon Health Plan patients and the long wait to see a doctor for OHP patients.

Warm Springs Tribe

The Warm Springs Tribe listening session also discussed the way perceived cultural bias may present a barrier to women's trust in their health care providers. They described health care providers conducting repeated drug tests. They also perceived a bias against women who want large families.

Like the participants in the Jefferson County listening session, they were concerned about misdiagnosis and errors in treatment and saw some health care providers as not caring about their patients. They were frustrated that they had to see a different doctor for specialty care and expressed discomfort with having multiple people present at pelvic examinations.

Multnomah County: Healthy Birth Initiative women

Women in the Healthy Birth Initiative listening session also touched upon the cultural issues that lead to distrust in health care providers. They expressed a concern that minority women sometimes receive poor care due to racism.

They also discussed how established patterns may reduce well-woman visits: only going to doctor if something is wrong and a family history of not going to the doctor. Other issues they touched upon include transportation problems, the time it takes for medical appointments and the need to include mental health services when providing well-woman care.

Multnomah County: Healthy Birth Initiative staff

The Healthy Birth Initiative staff reiterated the concerns of Healthy Birth Initiative clients about poor care due to health care providers' attitudes toward their patients based on race and culture and the patients' distrust of doctors. They provided the example of doctors who repeatedly ask Black mothers questions about domestic violence.

Some of the distrust of health care providers on the part of patients stems for the lack of inclusion of Black women in trials to test new drugs, which they believe results in a disproportionate number of adverse effects; the perception that birth control is actually an attempt to control population growth; and the perception that doctors either talk down to them or use language that they do not understand. They also discussed the lack of Black doctors as a barrier to care.

Marion County Health Department

Women in the Marion County listening session discussed the reasons they might not schedule annual visits. Their reasons included health care providers who do not listen to them and explain why they are doing what they are doing, unhelpful office staff and the lack of childcare. They expressed a belief that having health care providers who only saw them episodically meant the health care providers did not really know or care about their patients.

They discussed the limitation that insurance placed on their access to care, noting that some insurance policies do not cover annual visits or may not allow for a visit of sufficient length. Many health care providers do not accept the Oregon Health Plan; having this type of insurance makes it harder to get appointments.

Appendix D

Consent forms

Well Woman Care Key Informant Interviews: Consent for Participation

Purpose:

We are conducting key informant interviews to better understand the experience of health care providers in providing well woman care in order to inform the public health well-woman care strategies and activities. We have a set of questions we would like to ask you and we expect this to last no longer than 30 minutes. These interviews paired with listening sessions that we are conducting with women of reproductive age, will assist us in developing appropriate strategies, policies, and programs to improve access to well-woman care.

Risks/benefits:

- You may feel uncomfortable talking about certain topics with us today
 - » You do not have to answer anything that you do not want to.
- We will keep everything you tell us confidential unless you tell us something that we're required to tell somebody to protect a child or vulnerable adult.
 - » We are mandated to report to the appropriate authorities if you tell us that someone is hurting a child or vulnerable adult or hurt one in the past. We also have to tell someone if a child or vulnerable adult might hurt themselves or someone else. We will not be asking questions regarding such information, however if you so choose to share this information, you must know we are required to report it.
- We will be taking notes and recording our discussion today.
 - » All hand-written notes and the recording will be kept in a locked cabinet at our workplace.
 - » They will be destroyed after finalizing a report that will be shared with our partners to inform the development of strategies and activities to improve access to and the quality of well woman care.
- After our interviews, we will identify themes and create a report. We will not attribute any specific information or a quote to you, there will be no way to connect what you say to your name.

- » In a report, however, we may thank our key informants and identify each provider by name.
- You may not receive any direct benefit from your participation today, however the knowledge we gain from you may help improve women’s health across Oregon in the future.

What If I Change My Mind About Participating?

Your participation in this is voluntary and you may decide to not begin or to stop participating at any time. If you choose not to participate or stop participating after we begin, there will be no impact on your relationship with the Oregon Health Authority.

Questions? Concerns?

You may contact Anna Stiefvater at anna.k.stiefvater@state.or.us or 971-673-1490

Well Woman Care Listening Sessions: Consent for Participation

Purpose: The purpose of this learning session is to learn about women’s experience with preventive health care. We will be asking questions to prompt a discussion that we will record and take notes on so we can remember all information shared. Because this is a joint effort between the State and your local public health authority, some staff from your local agency are here today and they too may take notes for the purposes of improving services. We expect the session will last for 60-90 minutes.

Risks/Benefits:

- You may feel uncomfortable talking about certain topics with us today.
 - » You do not have to answer anything that you do not want to.
- We ask all of you in this group today to keep everything that anyone says confidential, please don’t share personal stories with your friends or neighbors outside of this session. Because we cannot guarantee that everyone will follow this guideline, you do not have to answer anything that you do not want to
- We will keep everything you tell us confidential unless you tell us something that we’re required to tell somebody to protect a child or vulnerable adult.
 - » We are mandated to report to the Oregon Department of Human Services if you tell us that someone is hurting a child or vulnerable adult or hurt one in the past. We also have to tell someone if a child or vulnerable adult might hurt themselves or someone else. We will not be asking questions regarding such information, however if you so choose to share this information, you must know we are required to report it.
- We will be taking notes and recording our discussion today.
 - » All hand written notes and the recording will be kept in a locked cabinet at our workplace.
 - » They will be destroyed after finalizing a report that will be shared with our partners to inform the development of strategies and activities to improve access to and the quality of well-woman care.
- After our interviews, we will identify themes and create a report. We will not attribute any specific information or a quote to you, there will be no way to connect what you say to your name.
- Although you may not receive any direct benefit from your participation today, the knowledge we gain from you may improve women’s health in Oregon in the future.

What If I Change My Mind About Participating?

Your participation in this is voluntary and you may decide to not begin or to stop participating at any time. If you choose not to participate or stop participating after we begin, there will be no impact on any programs or benefits you may receive from the Oregon Health Authority or your local public health department.

Questions? Concerns?

You may contact Anna Stiefvater at anna.k.stiefvater@state.or.us or 971-673-1490

Appendix E

Key informant interviews questions

1. Tell us a little about your patient population. Are they coming to you for general preventive care or special health issues? Do you see mostly women or a mix? What ages? Private insurance or Medicaid?
2. Do you provide or recommend annual well woman visits for your patients? Why or why not?
Following: Do you think that all women need an annual well woman visit, or would less frequent be ok for some women?
3. When you are providing a well woman visit or annual checkup for woman, what are your priorities?
Following: What do you think are the major health risks for women?

Primary health care provider

4. During an annual check-up or well woman visit, do you ask about or assess women's reproductive health? Why or why not?
5. Do you provide contraceptive services or preconception health services or do you refer them to a specialist?
Following: If a woman asked about contraception or preconception, do you provide the care at that visit? Schedule her for another appointment? Refer her to a specialist?

Reproductive health specialist (Ob/Gyn)

6. During an annual check-up or well woman visit, do you assess and manage woman's overall health or refer to primary care? why or why not?
7. What are some challenges you/or your colleagues face when delivering well woman care? For instance, health systems or health insurance issues
8. In your experience, what are the barriers that keep women from coming to a well woman or preventive care visit?
9. Who do you think should provide well woman care (primary care provider/or Obstetrics/Gynecologists)?
10. What else should we know?

Listening session questions

1. Why do you (or people you know) go to the doctor or a health care provider? (Create a list of reasons on poster board)
2. What is challenging about going to the doctor/health care provider? (What are the barriers?) (Create list)
3. Are you familiar with the idea of a well woman visit? Have you been to one?
If yes, what happened at the visit?
If no, what do you think would happen at a well woman visit?

Think about a general checkup or well woman visit that you've had (questions 4-6)

4. Is there something that your doctor or other health care provider should have talked to you about during your well woman visit or general checkup and they did not?
5. Are there questions that you wanted to ask but for some reason did not? Why?
6. What was the attitude of the doctor or health care provider toward your questions/curiosities? Do you feel they were sensitive to your cultural needs?
7. When you seek care for a reproductive health need (maybe you want birth control or you want to become pregnant), what kind of doctor or health care provider do you prefer going to? An Ob/Gyn, your primary care provider, a family planning provider
8. Why do you think women are turning to health care services only after they get pregnant or if they are having trouble getting pregnant, and not before?
9. Describe what a good visit with a doctor or health care provider would look like.
10. What else would you like us to know?



You can get this document in other languages, large print, braille or a format you prefer. Contact 971-673-1490 (TTY 711). We accept all relay calls or you can dial 711.