Update on Women’s Health Workgroup
Goals, Strategies, & Proposed Timeline

Increase % of women receiving annual preventative care by 10% by 2020

- Review the DRAFT Women's Health Workgroup - Recommended Action Plan for Messaging

Reduce racial disparities of poor birth outcomes (pre-term delivers and low birth weight) by 50% by 2020

- Proposed plan of action for collaborating with Healthy Babies Coalition
  - Workgroup members are open to attend Healthy Babies Coalition Meetings – Third Thursday of the month 2 pm
  - Data sharing
  - Consistent updates at both meetings
  - Exchange of information as is relevant
  - Develop plans together
  - Workgroup development
    - Well Women Exams & Clinical Toolkits, Community Health Workers, Someday Starts Now Media Campaign & Life Planning Toolkit, Sororities, March for Babies & Prematurity Awareness, Healthy Babies Coalition Website & Newsletter, Centering Pregnancy, Social Service Agency Liaison

Reduce rate of teen pregnancy across all racial groups by 10% by 2020

- Learning Together
  - April Education Opportunities
    - 8 – Youth Connection Conference - Waco, TX
    - 11-13 - Texas Campaign Conference - Austin, TX
    - 20 – Adolescent Training & Webinar - Increasing Adolescent Access to Contraception in a Pediatrics Setting 1pm
  - May & June 2016 - Meeting Discussion re: LARC Implementation Action Plan

Overall- Create a referral system between participating organizations.

- Await the development of community health workers
- Update from PW & HD staff as needed
Women’s Health Focus Group Findings & Discussion Points

The Waco Women’s Health Focus Group Final Presentation took place on February 17th. 30 attendees. Thank you to all who were able to attend.

- A debriefing discussion was held on March 2nd with local partners. Some of the highlights from the discussion are below.
  - Role of Race/Racism – How much racism is addressed
  - Perception of Provider - The quotes from the providers really stood out to me and how they perceive their patients. No one chooses to be noncompliant.; How can providers speak more accurately regarding their patients?
  - Access Barriers - Patients have too many barriers rather than just being noncompliant.
  - Training Providers - What are action steps they can take rather than just sitting in training?; My biggest take away will come from the change that happens once we have individual meetings with providers regarding things said about their services. They will have to address it because these things were specifically said about their facility.; “Sensitivity training”; customer service

- Next Steps:
  - April 2016 - A final report released
  - May 2016 - Meet with the new Center for Disproportionality Staff regarding strategies of decreasing racial disparities
  - Summer/Fall – Meet with organizations regarding findings

Potential Collaborative Discussions with other workgroups

- Mental Health – postpartum depression
- School Readiness – Reach Out & Read

Upcoming Workgroup Dates

- March
  - 24: Meeting with local hospital marketing staff
- April
  - 5: Women’s Health Workgroup Meeting
  - 6-10: AMCHP & Meeting with National Women’s Health Week marketing staff
  - 8: Youth Connection Conference
  - 11-13: Texas Campaign to Prevent Teen Pregnancy Annual Conference
  - 20: Increasing Adolescent Access to Contraception in a Pediatrics Setting Webinar & Training
  - 21: Healthy Babies Coalition Meeting
One of our three goals is to reduce the rate of teen pregnancy across all racial groups by 10% by 2020, as a result our Work Group will participate in the following webinar:

**Increasing Adolescent Access to Contraception in a Pediatrics Setting Webinar**  
April 20, 2016 - 1:00-2:30 PM - Health District- PTR

Speakers:
Mark Law PhD Director of Operations CityMatCH; Lauren Raskin Ramos MPH Deputy Director, Division of MCH Workforce Development HRSA/MCHB; Jessica Chavez Thompson MPH Public Health Project Coordinator CityMatCH

In addition to this webinar, we have the opportunity to have an expert come to present on adolescents (including development, risk taking, engagement best practices, etc.). Based on your schedule, please note either option below that is most ideal.

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Also, please note the name and contact information of a pediatrician, physician, and/or professional that you would like to attend the webinar that is not already on the Work Group.
Women’s Health Focus Groups 2015 – Impact of Race

Healthcare:

Do you feel like the healthcare provider provides both of you with all the necessary information?

- “A lot of times when you go to the doctor and since this is a black man focus group I’m going to bring it up. **A lot of times when you go to the doctor as a black couple we don’t have a lot of black doctors in Waco. So they kind of write you off when you come in.** For instance when you go have a baby they don’t talk to us because they write us off like he’s not going to be there anyhow. So they focus on the woman. **And I don’t believe the women get enough care because they are written off too because they are black.**”

- “You asked a question earlier about one thing that you could change and it would be nice to have other places to open up to not just the mother but to the father to teach. One thing that we have lost in our black heritage is teaching our kids to be more father and mother figures as they grow up. There are a lot of black mothers that have stopped teaching their kids how to cook and how to clean up. So you have woman that don’t know how to love and men that don’t care anymore. And they are out there looking for love in all the wrong places.”

If you could change one thing about your healthcare, what would it be?

- **I would change people who are very racist.** They even provide an interpreter but the interpreter does not help at all as they should. At the end of the appointment you are left the same, as if not interpreter was there.

So if you go to the doctor with someone, do you feel comfortable asking questions?

- Yes, and I think maybe for the most part in this room they do, **but I know there are some people that don’t feel comfortable talking to the doctor.** I mean there are some cultures that don’t look the doctor in the eye. So again that’s **why I’m talking about having the awareness of culture differences** so that if that person isn’t talking to you then you can initiate the conversation and ask questions that they may not be comfortable asking. But, its going to be a learning curve for our medical schools.

Well-Woman Exam:

So what is a well woman care appointment? What happens at a well woman care appointment?

- **I think one of the major things I would like to see changed is the healthcare providers to be more sensitive to ethnic and cultural differences and listen when people talk to them.** Rather than going in and got you mind set on doing and that’s it and I’m out of here. But to listen and have a conversation. Then to base their care on what he has heard as well as what he knows.