

## REFORM MATTERS CONFERENCE CALL

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Issue - Women and Health Reform: Access to health care for rural women

Moderator: Lisa Codispoti, National Women's Law Center ([lcodispoti@nwlc.org](mailto:lcodispoti@nwlc.org))

Speakers:

- Heather Dimeris, Associate Director, Office of Rural Health Policy, HRSA ([hdimeris@hrsa.gov](mailto:hdimeris@hrsa.gov))
- Robin Lewy, Rural Women's Health Project, Gainesville, Florida ([rwbp@cafl.com](mailto:rwbp@cafl.com))
- Tina Welsch, Women's Health Center, Duluth, Minnesota ([tinawelsh32@aol.com](mailto:tinawelsh32@aol.com))

Heather Dimeris, Associate Director, Office of Rural Health Policy, HRSA

*Background of Office of Rural Health Policy:* The Office manages 16 grant programs, monitors health care policy and how it affects people in rural areas.

- Rural women face many challenges to accessing health care. The most notable barriers include:
  - a higher rate of uninsured and underinsured.
  - a high poverty rate.
  - many transportation issues:
    - There is a lack of public transportation.
    - This has been compounded by higher gas prices.
    - This issue disproportionately affects single women with children.
  - a lack of access to provider care.
    - This has been heightened by a lack of providers in rural areas.
    - Problems exist with recruiting obstetrics care in rural areas.
      - For example, the malpractice insurance is higher in rural areas and further discourages providers from wanting to practice in these areas.
  - State based studies show infant mortality is higher in rural areas. Furthermore, this rate increases as the area becomes more rural.
  - Studies also show there is delayed or no prenatal care.
  - Mothers are generally under 20 years old or older than 40 years old. This increases high-risk pregnancies.
  - There are higher rates of teen pregnancy.
  - There are lower education rates, which can be correlated to the poverty in rural areas.
  - Maternal drinking and smoking are higher in rural areas.
  - There is a lack of quality childcare. This is particularly important because many families are lower income and both heads of household work.
  - Many rural women face issues related to chronic diseases which are not being met.
    - Specialty providers are usually not available in rural areas to deal with chronic illnesses.
  - Mental health is a particular issue of concern in rural areas.
    - The Office of Rural Health – Veteran's Administration – will hopefully be able to provide funding for mental health care in the near future.
  - Caucasian (non-Hispanic) women are the largest group of rural women. However, there are an increasing number of immigrant women of Latina and Asian descent. They face even greater barriers to health care access, including:
    - Language barriers
    - Cultural barriers

- Grants
  - [Rural Health Outreach Grant](#)
    - A community can apply for the grant by identifying their needs and developing a consortium with three other organizations to create funding that matches the specific needs of their communities.
  - Health Service Outreach Grant
    - This grant will not be funded again until next year.
  - Visit [www.grants.gov](http://www.grants.gov) for more grant information.
- Resources of interest
  - [Rural Health Research Gateway](#)
    - Provides specific statistics for applying for a grant or to talk to your legislator.
  - [Rural Assistance Center](#)
    - Provides rural communities access to information on services, programs, and funding available.
  - [Rural Retention Network](#)
    - A group of non-profit organizations that help health professionals locate rural communities in need of their services and expertise.

#### Q & A for Heather

- We are having more problems recruiting nurse, obstetrics and midwives; HRSA currently doesn't provide data on OB providers for underserved areas. Are they planning to?
  - Unfortunately not. There is a National Advisory Committee on Rural Health that can make suggestions about needs when they write their report. This suggestion will be raised to them and hopefully they can include it in their annual report.

#### [Robin Lewy, Rural Women's Health Project, Gainesville, FL](#)

Background: A community-based organization that works on a diverse range of health issues, from tuberculosis to HIV/AIDS. The organization provides health education, produces user-friendly education materials, tries to grow lay-provider health networks, and works with health advocates.

- Challenges of rural Hispanic women:
  - The reality is bleaker for rural Hispanic women – their challenges are compounded by issues with legal status, migrating from work and home location, language barriers, high rates of depression, isolation, among other issues.
  - Furthermore, there are ingrained barriers – including health myths, cultural, gender and religious issues.
- Stories of real women:
  - Maria – She was a young and pregnant Latina immigrant. During her pregnancy, she experienced dangerous signs including cramps and bleeding. However, rough conditions in her home, her work hours during the tomato season from 5.30 to 8.30, issues with *coyote* (the person who helped her travel into the U.S.) and her crew leader did not allow her to access medical care. The first day she received care was when she miscarried.
  - Ramirez family – The Ramirez family has multi-tiered health status; Mr. Ramirez is documented and has health insurance through his job, his daughter was born in the U.S. and has insurance through the state children's health insurance program, however his wife is undocumented and uninsured and their son still lives in Latin America. While working with a *coyote* to bring their son into the U.S, he experienced physical and mental health issues due to the stress of the situation. In the U.S. he continually dealt with a cough and it was only until his cough became so severe that he needed to go the hospital that it was discovered that he had tuberculosis.
- Strategies for communities:
  - Try to find different tools to make communities feel more confident accessing care.

- Using a lay-provider to act as a broker between the community and health providers is one way to meet the cultural needs of the community.
- Creating and providing accessible health education that speaks to the needs and concerns of the community, as well as empowers them to access health care.
- Respect the communities' needs and strategize with them so that they feel ready to make their own solutions to accessing health care.

### Q & A for Robin

- How is your organization's work funded?
  - We find funding where we can. There are a variety of funding sources we have tapped into including funds from the March of Dimes, AHECS, Pfizer (which had funds available for HIV/AIDS work in the southern states), and through federal and local grants.
  - Partnerships with larger organization have been another way to gain funds.
- Do you work with your office of state and rural health?
  - We definitely try to work with other organizations.
- Call Participant Comment: In Pennsylvania, one way we have been able to address women's health is by creating a kiosk (which is bilingual and voice activated, and looks at a range of issues including: cancers, HIV/AIDS, diabetes, asthma, heart disease, etc.) that gives community members the opportunity to ask questions and receive information about their health concerns. It also gives them a better understanding of what to ask their health provider.

The kiosk information has already been created so it is much more affordable for communities to try to purchase the kiosk and not have to recreate all of the needed research and information.

- Follow-up question to comment: Where are the kiosks being placed?
  - The kiosks are placed wherever they can reach the target audience, which are underserved communities. They have been placed in a correctional facility waiting room, they are looking into putting them into public health centers, and in the future they hope to put them into pharmacies.

### [Tina Welsch, Women's Health Center, Duluth, Minnesota](#)

Background: The Women's Health Center provides family planning services, youth and education programs, prenatal care, and first-term abortions. The Center services northeastern Minnesota, northern Wisconsin, the peninsula of Michigan, and a small part of Canada. They have a small budget for a service provider, ranging from \$500,000 to \$1 million a year.

- The challenges that their community faces:
  - There is a lack of transportation with some parts of the county not having any public transportation whatsoever. Women regularly hitchhike in order to reach The Center.
  - Lack of confidentiality in local towns when there is only one health provider (if that) is one reason why a lot of young adults seek care in the Health Center.
  - There has never been a local physician that provided abortions. In order to perform abortions, doctors must either drive or fly into the area. During the severe winters, this is incredibly difficult.
  - The Governor has cut funding for family planning.
- The results of the challenges:
  - STD rates have risen dramatically. They have risen 8% in Minnesota and 29% in the county.
- Funding the Center currently receives:
  - The Center has received funding from grants through different insurance companies. Especially for organizations in rural areas, there can be grants from these companies to help provider health care.

- The Center was unable to receive state grants because there were too many requests.
- Foundations do not seem to be in the mindset to provide funding to rural providers.

### General conversation

As we advocate for health reform that meets the needs of all women, what are the things we should be sure that health reform includes to meet the needs of rural women?

- Comment: We must think about the importance of lay-health workers – we need to have someone from the community that can understand those they are serving and can help people access care.
- Comment: We should ensure that women’s health reproduction is not left behind when speaking about health care reform.
- Comment: At NWLC we have a similar concern and we believe that access to reproductive care and comprehensive health care must both be addressed together.
- Comment: We need to make sure that malpractice premiums for obstetrical care are lowered for rural areas because it discourages providers from working in those communities.
- Comment: We need to communicate to women in rural areas that their voices are important and powerful. Legislators have a lot of power and they can play a large role in moving their legislators.
- Comment: NWLC is providing technical assistance to communities to learn to advocate about the health reform that meets the needs of women. We can help with analysis of proposed health reform and how it would impact their communities, help draft testimony, and provide other assistance to enable advocates to communicate their policy needs to legislators and community leaders.
- Comment: Raising Women’s Voices is also organizing women to be active and vocal voices in health care reform.
- Question: We are having trouble bridging the gap of understanding between rural and urban communities about how the need for women’s health care reform is very similar on both sides. Has anyone tried to share similar stories so that both communities understand that they are facing similar experiences is one possible way.
  - Comment: One way we have been approaching this is by making sure that women’s voices are being represented for reform and trying to build into reform accountability so that people can actually create changes that speaks to women.
  - Comment: We have created speaking materials that can help women talk to legislators and community leaders in a meaningful way. The are available at <http://www.raisingwomensvoices.net/>
- Next month’s Reform Matters conference call will be about the individual insurance market and how gender rating, the cost of maternity riders, or even lack of access to maternity coverage adversely affects women’s access to health care.

## Kiosk Basics

### Number of Kiosks

There are 13 total kiosks to be placed; currently one kiosk is in the waiting room of the Allegheny County Jail.

### Specs

The kiosk is 4.5' tall and sits in a 2"x2' area. It is approximately 13.5" in depth, 20" wide.

The facility will need a wall plug and an internet connection to run the Kiosk. The internet connection will require either a standard internet plug in port or if the facility is wireless, the kiosk will need a wireless card.

### About the Kiosk

The woman or girl who accesses PCW's Women's Wellness Guide will find information on heart disease and stroke, breast, cervical, ovarian, lung, colon, and skin cancers, diabetes, depression, asthma, healthy diet and exercise and weight management, smoking, domestic violence, HIV AIDS and STDs, plus insurance options. She will be captivated by the colorful graphics and empowered by the easy to understand health care facts in bullet format. Another educational aspect of these kiosks is the vignette feature- short, personal stories in a conversational Q and A format. The home page will feature an English or Spanish option and an option to turn off the sound for privacy. PCW feels strongly that educating women to become proactive in controlling their lives begins first and foremost with controlling their health.

The impetus in initiating this kiosk idea was our research that indicated that overburdened communities have less than 60% of their homes wired for access to the Internet which eliminates this potential source of medical information. Many women are uninsured or underinsured and do not even have a consistent or trusted health care provider. Unfortunately, when women are struggling to make ends meet, their health care is low on the priority list. Providing ready access to potentially life-saving/life-style medical information became the driving goal of this project. As we see it, educating women about prevention and early detection of diseases is an essential component for a productive life.

**To receive more information about a Kiosk vendor, please contact Leslie Stiles at [lstiles@state.pa.us](mailto:lstiles@state.pa.us).**