Good health is vital so that women can work, participate in the civic realm, care for their families and simply enjoy life. Yet access to quality, affordable healthcare is still a major challenge for women. While the Affordable Care Act gave many women access to healthcare, millions of women remain uninsured, particularly if they live in states that refused to accept federal funds to expand Medicaid and offer no alternatives. Additionally, many states have passed laws restricting women’s access to reproductive health services. Moreover, many women lack the information and treatment that could help them reduce their risk of heart disease, cancer and diabetes—the primary causes of death among women.

There are experiences common to many women’s lives where access to care is critical, including giving birth, dealing with life-threatening illness, domestic abuse and aging. For far too many women, access is often constrained by prohibitive service costs, lack of information to find the right service providers, and costly transportation options and long distances that result in loss of work hours and risk of job loss for taking time off. Having insurance coverage does not guarantee you can find a provider who accepts your insurance or cover complementary medicine and alternative health practices.
A woman’s social position, status and treatment in society play a part in determining her susceptibility to certain mental health risks. Common mental health conditions—depression, anxiety, PTSD, suicide attempts, and eating disorders—affect women disproportionately and constitute a serious public health problem, sometimes leading to or associated with homelessness and/or substance abuse. In addition, many substance abuse programs do not take into account the unique needs of women.

Access to quality food and adequate nutrition is a cornerstone of good health. In low-income areas, “food deserts” exist where the only place to buy groceries is a small convenience store that lacks fresh fruits and vegetables and other healthy options. Travel to a grocery store is prohibitive due to travel time, cost and limited transportation options. Women are often primarily responsible for raising the next generation, and they need access to parks, recreation and quality food choices, and would be well served with municipal health and wellness education programs or programs offered by community organizations that are made possible by municipal funding.

It is essential that our local governments do all they can to ensure access to healthcare for women, including those living in geographic isolation or in rural areas, and to address the huge economic and racial disparities in access to quality care.
RECOMMENDATIONS

ASSESSMENT

Convene: Hold a women’s health summit to assess the health needs in your community.
- Engage people in the community to determine how programs are actually working on the ground, in real life. A phone number in a brochure does not guarantee access to services if it has been disconnected, or if the provider is booked out by several months, or does not accept a patient’s insurance.
- Solicit, encourage and support the participation of underserved populations at the summit. Convene the summit in easy to reach locations in their community. Provide transportation and daycare services. Hold some sessions in underserved communities’ language of comfort.

Map: Develop a public healthcare map showing locations of clinics and hospitals, contact information and access hours to municipal healthcare facilities. For example: Find out who can access preventive healthcare and who must go to an emergency room for care due to their economic or legal status. Map alternative choices and make that map available to underserved populations. Review what public programs your city provides and how you publicize those services. Do young people have a place to access confidential, non-judgemental healthcare for sensitive services such as contraception, STD testing, mental health and addiction services and prenatal and pregnancy care? What about low-income, uninsured, underinsured, undocumented people? People with mental health, addiction, domestic violence or other compounding problems?

STRATEGY

- Access: Increase access to healthcare for women, including mental health services. Invest in comprehensive and always up-to-date information and referrals.
- Hotline: Provide a healthcare hotline where people can call to learn about available resources.
- Prevention: Focus on preventative care rather than prescriptive care and emphasize good nutrition and exercise; it saves money and is more effective.
STRATEGY (CONT.)

Funding: Provide sufficient funding for programs that expand access to quality healthcare.

Food: Ensure healthy food is available in low-income areas; eliminate food deserts; provide incentives for stores to sell healthy food; offer micro-enterprise loans for people to sell fresh produce; start gardens and provide entrepreneurial training to bring small businesses into the community offering healthy food choices; work closely with nonprofit organizations.

EDUCATION

Health: Educate women on the importance of good nutrition and regular exercise to being and staying healthy.

- Provide information to women about recognizing the symptoms of major health issues affecting them, such as diabetes, depression, heart attack, stroke and cancer.
- Ensure that schools are teaching comprehensive and inclusive sex education. Look to California’s new law for a good sample policy. If schools are not doing so, fund community organizations to fill the gaps.

Green Space: Ensure places for exercise and recreation in city parks and byways.

- Install bike paths throughout the city and bike lanes on streets.
- Consider bike share programs for your community.

Outreach: Have educational outreach about health and reproductive care in communities rather than centralizing services in hard to-access locations—go to where the people are. For example:

- Ensure that laws and policy support telemedicine (where medical appointments and services can be provided through phone or computer), which can dramatically increase access, convenience and efficiencies for people in remote communities. Be sure not to intentionally or unintentionally exclude or obstruct critical family planning providers from participating in telemedicine.
- Educate women and men on women’s health and reproductive rights.
- Find out if public education offers adequate physical, mental health and sex education programs. City programs and/or community-based organizations can be established and funded to fill the gaps.
- Provide outreach materials and workshops for non-English-speaking communities.
- Produce an event calendar with healthcare-related events; post on the city website and at natural community gathering spots.
- Provide age-appropriate information about healthcare.
Provide a resource book with a health resources map that welcomes new residents.

- Consider distribution through realtors or direct mail, as the Post Office does for change of address mailings.
- Be sensitive to immigrant communities and alleviate fear.
  Consider the national **Welcoming America** program to help cities welcome immigrants.

**Domestic Violence:** It is essential to women’s health and reproductive rights that the crisis of domestic violence be addressed. Much can be done to support women’s health by addressing this issue proactively. (Chapter 5 of this report addresses this issue specifically.)

- Train police departments to respond to incidents of domestic violence so women have confidence that they will be adequately protected.
- Provide fully funded public health programs for the treatment of children and family members whose mental and physical health is affected by domestic violence.

**Mental Health:** Mayors can help ensure that mental health services are effective.

- Gather data on mental illness in their cities.
- Train peer counselors, hire school consultants and provide clinicians for high-need communities.

**Men and Boys:** Increase outreach to include issues relevant to men and boys who are eager to join in the solutions that make life better for their mothers, daughters, wives, sisters and women friends.
MODELS AND IMPACT

- In Kenya, young girls are educated not through clinics but through girls’ groups led by peer educators. This model also led to a boys club. If you start early, then men and boys can become advocates. Peer education is also a core part of the Promotora Model in East Los Angeles.

- San Mateo demonstrated effective and neutral leadership with its police department regarding protest activity outside of reproductive health centers. When residents expressed concerns about protest activity at a community reproductive services clinic, police met with them and suggested solutions that would respect the protestor rights without limiting access to services. Residents spoke with the city council about new parking and signage regulations.

- UCSF Center of Excellence in Women’s Health has a model focused on improving the status of women’s health across their entire lifespan.

- Thrive NYC is a new plan by New York City first lady Chirlane McCray that will allocate $850 million to overhaul the city’s mental health care system with a package of 54 initiatives over four years. It relies heavily on peer counselors, who are not mental health professionals but are already entrenched in underserved communities.

For far too many women, access is often constrained by prohibitive service costs, lack of information to find the right service providers, and costly transportation options.
RESOURCES

Articles, Books, Organizations, Videos

- **Soul Stroll** - The first community-based initiative to partner with African American, Hispanic and Pacific Islander churches to promote good nutrition and physical activity as keys to better health.
- **Body and Soul** - A wellness program developed for African American churches.
- **Oye 2015** - The 4th annual OYE Conference is a project of the North Fair Oaks Youth Initiative (NFOYI), which provides young people in the North Fair Oaks and Redwood City area with the tools and opportunities to make healthy decisions for themselves and to become a positive resource for their peers.
- **Welcoming America** - A national network that helps nonprofit and government partners transform their communities into more welcoming places for all people, including immigrants.
- **TIGRA** - Empowers transnational families to make their economic choices matter.
- **Reproducing Race** - Ethnography by Khiara Bridges of pregnancy and birth at a large New York City public hospital.
- **The Mask You Live In** - Documentary film explores American masculinity.
- **KQED: Caring for Mom and Dad** - PBS video on taking care of elderly parents.
- **The Body Positive** - Offers products and services to teach people how to overcome conflicts with their bodies so they can lead happier, more productive lives.
- **National Standards for Sex Education** - Clear, consistent and straightforward guidance on the essential core content for sexuality education that is age-appropriate for students in grades K–12.
- **Office on Women’s Health** - Information and resources about mental health issues that affect women.
- **National Mental Health Information Center** - Online source of information for persons seeking treatment facilities in the United States.
- **Women Enabled** - Advocates and educates for the human rights of all women and girls, with an emphasis on women and girls with disabilities.

**Expert Contacts**

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<td>3. Increase access to healthcare through outreach and education.</td>
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<td>4. Encourage preventive care, including healthy eating and regular exercise and access to and use of and public spaces.</td>
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<td>5. Train police to responsibly handle domestic violence.</td>
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<td>6. Preserve women’s access to the full range of reproductive and health services.</td>
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