Well-Woman Strategic Plan

2022-2026

Maternal and Infant Health Program

Utah Department of Health & Human Services

Introduction

The Utah Department of Health and Human Services (DHHS) Maternal and Infant Health Program (MIHP) brought together a diverse group of healthcare, public health, and community experts to form the Well-Woman Coalition in 2021. This group of experts was brought together in response to the Title V Block Grant, 2020 Utah Maternal and Child Health and Children with Special Healthcare Needs; Statewide Needs Assessment. Input from more than 3,300 people in Utah identified increasing women's use and access to routine preventive care as a top priority.[1]

This plan outlines a 5-year (2022-2026) multi-level strategy that includes policy, community, organizational, interpersonal, and individual approaches that work to improve women's health and wellness over their entire lives. The long-term impact of the goals and objectives proposed in this plan include:

1. Increase understanding of women's barriers when accessing routine preventive care.
2. Improve the proportion of women who receive recommended, comprehensive, and routine preventive care.
3. Decrease disparities in key women's health indicators.
4. Improve health outcomes for all women across their lifetime.
5. Improve the healthcare system so that women's unique healthcare and social needs are met.
6. Shift social norms to support prevention and routine preventive care.

"Well woman care is not a part of the culture. If I had a magic wand, I'd get comprehensive care throughout all women's lives. I'd start educating them early on how to take care of themselves so that it would be a priority throughout her life."
-Key informant, Title V Block Grant Needs Assessment

Vision of the Well-Woman Coalition

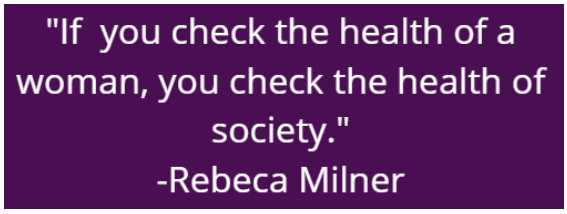
To create a culture and environment in Utah where all are informed and empowered to access routine preventive care; see themselves as equal partners in their care; and receive high-quality, affordable, culturally informed, whole-person, patient-centered care at every visit.

Mission

A diverse group of stakeholders provides information, education, and resources that support women's health and well-being at the policy, community, organization, interpersonal, and individual levels. This includes encouraging and empowering women to engage in routine preventive care. This group also works with healthcare systems and providers to make sure that routine preventive care is regularly provided and is evidence-based, accessible, comprehensive, equitable, and patient-centered.

Background: women's preventive health guidelines and recommendations

Routine preventive care plays an essential role in our healthcare system. It is critical to improving women's health throughout their lives. Regular checkups are associated with positive health outcomes and allow women to develop a trusting relationship with a healthcare provider who can effectively facilitate linkages to specialty and social services.[2]



A well-established and comprehensive preventive care system that is equitable and accessible to all women can help promote and protect the health and well-being of a whole community. Studies have shown that when a mother dies, her children and community of family and friends experience a decline in health, nutrition, education, and financial loss that may take generations to overcome.[3]

Unfortunately, much of women's health is separated into reproductive/maternal care and general preventive care. This has led many women to seek care primarily from their reproductive healthcare providers.[4] While these professionals should be part of women's healthcare teams, many OB/GYNs do not consider themselves primary healthcare providers and, therefore, may not offer comprehensive preventive care[2].

To make sure that women receive the care they need to improve their health across their lives, the American College of Obstetricians and Gynecologists (ACOG) launched the Women's Preventive Services Initiative (WPSI) in 2016. This group of professional organizations and consumer and patient advocates has expertise in women's health across the lifespan. They develop, review, and update recommendations for women's preventive healthcare services and publish a yearly Well-Woman Chart. The Well-Woman Coalition advises using the WPSI Well-Woman Chart to make sure that women of all ages receive appropriate and evidence-based preventive health screenings. A copy of the 2021 Well-Woman chart can be found in Appendix A. The chart can also be downloaded from the WPSI site at https://www.womenspreventivehealth.org/wellwomanchart/.

For a comprehensive healthcare system to administer the WPSI recommendations equitably, it must be[2]:

- **Accessible, affordable, and accountable** to the women they aim to serve. Preventive care does not need to be tied to 1 clinical visit, and the WPSI Well-Woman chart can be overwhelming for providers to address all at once. Strategies such as working with home visiting programs or community health workers can encourage women to engage with the healthcare system and improve their health.
- **Highly integrated** across physical health, behavioral health, and social services to serve women's needs holistically in a coordinated manner.
- **Multidisciplinary, team-based, and highly coordinated** with specialty care resources to improve access to and coordination with specialty care when needed.
- **Prevention-focused and proactive** to prevent disease or delay its onset and progression.

- **Equitable, culturally competent, and community-driven** to respond to women's needs and preferences, promote engagement with the healthcare system, eliminate disparities, and frame prevention as self-care.
- **Evidence-based** so that treatment approaches are tailored at the individual level.
- **Enhanced by performance data and seamless technology integration** to improve digital access, coordinate care across care teams, and better equip clinicians and women to make informed decisions.
- **Appropriately financed and incentivized** to make sure that those working to improve women's health can meet their needs in a manner that promotes high-value care.
- **Sex-specific care** that meets the needs unique to women, such as preconception, pregnancy, and menopause.
- **Sex-aware care** for conditions diagnosed or treated differently in women than men, such as heart disease and neurodegenerative diseases.
- **Gender-sensitive care** is provided in ways that are inclusive of gender-specific preferences, including LGBTQIA+ health needs.

Screening for social determinants of health

The social determinants of health account for 30-55% of health outcomes.[5] Addressing these are an emerging and important area of practice that can make women, families, and communities healthier.

The American College of Obstetricians and Gynecologists (ACOG) recommends providers improve patient-centered care and decrease inequities by[6]:

- Asking about and documenting social and structural determinants of health that may influence a woman's health and use of healthcare. These determinants may include utility needs; safety in the home and community; immigration status; employment conditions; and access to stable housing, food, and safe drinking water.
- Maximizing referrals to social services to help improve patients' abilities to fulfill their non-medical needs.
- Acknowledging that racial and ethnic discrimination, institutionalized racism, and other forms of discrimination serve as social determinants of health.
- Recognizing that stereotyping patients based on presumed cultural beliefs can negatively affect patient interactions. Mainly, when patients' behaviors are attributed solely to individual choices without recognizing the role of social and structural factors.

For a list of sample screening tools for social determinants of health, see appendix B.

Health equity and routine preventive care

Health equity is an essential component of preventive care because it makes sure that everyone has the opportunity to be as healthy as possible. Unfortunately, health disparities continue to impact health outcomes for many people in marginalized groups. Data guided by public health and prevention efforts are focused on populations with the greatest needs. Oppressed and marginalized

groups, such as people of color, LGBTQ+ communities, and those living in poverty experience higher rates of nearly all adverse outcomes.

Equity-minded prevention strategies must recognize the lack of access to preventive care across a population and require resources for groups who experience a higher burden of poor health outcomes. Comprehensive preventive care must be inclusive of all women. This includes women of color, those that live in rural or frontier communities, women of all ages (puberty through menopause), people living with disabilities, LGBTQ+ people, immigrants and refugees, those without health insurance or who are under-insured, people who experience homelessness, the food insecure, and women who desire pregnancy and those who don't.

An important part of health equity is providing services driven by community needs that are accessible to all Utah women. As this plan is read, ask how these objectives include and assist underrepresented and under-served women in Utah.

The Well-Woman Coalition's commitment to health equity includes:

1. Define targeted strategies throughout the plan to be inclusive of historically marginalized and high-risk groups;
2. Support greater systemic equity and institutional anti-racism, particularly in relation to healthcare access and care;
3. Recognize that not all people who need the preventive services and screenings recommended by this strategic plan identify as "women "or "females." (While the plan uses the term "women," all recommendations are essential to all people regardless of gender identity.)

Adapted from: Utah Suicide Prevention State Plan, 2022-2026

Women's health in Utah

There is a lot to celebrate about women's health in Utah. Women in our state have some of the lowest rates of tobacco and alcohol use in the nation. They report high rates of physical activity and low rates of unintended pregnancies. Most women say that their health is excellent, very good, or good.

However, 1 in 3 women of reproductive age (18-44 years) in Utah did not receive routine preventive care in the previous year. In addition, 28% reported that they do not have one person they think of as their personal doctor and 11% are uninsured.[7]

When the data was analyzed closer through an equity lens, it was seen that:

- Black women in Utah are much more likely to be uninsured when compared to all Utah women (20% vs. 11.2%)[8]
- While Black women in Utah receive most preventive care, they are more likely to experience poor health outcomes compared to Utah women in general [8]
- Pacific Islander women in Utah are more likely to be uninsured (17.5%) than Utah women in general (11.2%) [9]
- Pacific Islander women in Utah are less likely to receive most preventive care and more likely to experience poor health outcomes compared to all Utah women [9]

This section highlights some of the preventive health services recommended by the Women's Preventive Services Initiative (WPSI) to present the current state of women's health in Utah. The indicators reviewed include blood pressure screening, breast cancer screening, cholesterol screening, and other screenings. While no one of these indicators alone captures the current state of Utah women's health, when reviewed together, we can identify areas for improvement and survey progress over the next 5 years.

Data in this section is from the Utah Behavioral Risk Factor Surveillance System (BRFSS). Data are shown for women aged 18-44 years (reproductive years), for 2018-2020, unless otherwise noted.

Note: Health Improvement Index (HII) are composite measures of social determinants of health by geographic area. The higher the index indicates more improvement may be needed in that area. Learn more at the Complete Health Indicator Report of Utah Health Improvement Index (HII), or visit https://ibis.health.utah.gov/ibisph-view/indicator/complete_profile/HII.html

Blood pressure screening

High blood pressure (hypertension) is a significant risk factor for heart disease, stroke, and chronic kidney disease. Uncontrolled hypertension can also lead to complications in pregnancy such as preeclampsia and preterm delivery. WPSI recommends that adults aged 18 and older are screened for high blood pressure at least every 3-5 years, or annually if they have additional risk factors like diabetes or obesity.

Told by a healthcare provider that blood pressure is high, 2015-2019*			
	Crude %	Lower limit	Upper limit
By age			
18-19 years	4.6	2.7	8.0
20-29 years	4.4	3.6	5.5
30-39 years	8.3	7.2	9.6
40-44 years	11.1	9.3	13.3
By Health Improvement Index			
Very low health disparities area	6.3	4.7	8.3
Low health disparities area	7.0	5.4	9.1
Average health disparities area	7.4	6.1	9.1
High health disparities area	8.6	7.3	10.2
Very high health disparities area	6.1	4.7	8.0

*This data was not available stratified by race/ethnicity.

Breast cancer screening (mammogram)

Regular mammograms are the best way for breast cancer to be caught early and treated effectively. WPSI recommends women initiate mammography screening no earlier than age 40 and no later than age 50. Women at high risk for breast cancer, due to family history or other factors, should work with their healthcare provider to determine if screening should be done yearly.

Last mammogram was more than 2 years ago or never, ages 40+			
	Crude %	Lower limit	Upper limit
By age			
40-49 years	47.7	45.0	50.5
50-64 years	30.6	28.5	32.7
65+ years	30.6	28.7	32.6
By race/ethnicity			
American Indian/Alaska Native	33.9	22.1	48.1
Asian	27.8	15.9	44.1
Black/African American	33.1*	16.1*	56.1*
Hispanic/Latino	37.6	32.3	43.3
Native Hawaiian/Other Pacific Islander	20.2*	8.5*	40.7*
White	35.8	34.5	37.2
By Health Improvement Index			
Very low health disparities area	30.6	27.7	33.8
Low health disparities area	35.7	32.8	38.6
Average health disparities area	33.9	31.0	36.9
High health disparities area	38.7	36.2	41.2
Very high health disparities area	40.1	35.7	44.8

*Use caution in interpreting; the estimate has a coefficient of variation >30% and is therefore deemed unreliable by Utah Department of Health and Human Services standards.

Cholesterol screening

High cholesterol can lead to plaque buildup in the arteries, putting a woman at risk for heart disease. Heart disease is the leading cause of death for women in the United States.[10] Regular cholesterol screening can prevent future heart health problems such as heart disease. WPSI recommends that women start having cholesterol screenings at age 18 and continue based on individual risk factors.

5+ years or never had a cholesterol screening, 2015-2019			
	Crude %	Lower limit	Upper limit
By age			
18-19 years	48.5	41.8	55.3
20-29 years	39.1	36.4	41.8
30-39 years	28.0	26.0	30.2
40-44 years	19.3	16.7	22.1
By race/ethnicity			
American Indian/Alaska Native	30.7	18.8	45.9

Asian	26.0	16.6	38.2
Black/African American	21.8*	9.8*	41.7*
Hispanic/Latino	33.9	30.0	38.1
Native Hawaiian/Other Pacific Islander	21.0*	11.0*	36.4*
White	31.8	30.3	33.5
By Health Improvement Index			
Very low health disparities area	22.8	19.7	26.3
Low health disparities area	31.0	27.6	34.5
Average health disparities area	31.5	28.4	34.8
High health disparities area	34.1	31.2	37.1
Very high health disparities area	37.1	33.4	40.9

*Use caution in interpreting; the estimate has a coefficient of variation >30% and is therefore deemed unreliable by Utah Department of Health and Human Services standards.

Mental health screenings

Mental health is of particular concern among Utah women, as rates of depression are consistently higher for Utah women compared to the national average. Poor mental health often co-occurs with chronic diseases, such as hypertension and diabetes, and may exacerbate poor health outcomes.[11] The WPSI recommends screening all adults for anxiety, depression, alcohol use, tobacco, and substance use.

7 or more days in the past 30 days of poor mental health			
	Crude %	Lower limit	Upper limit
By age			
18-19 years	50.0	44.0	56.0
20-29 years	38.4	35.9	40.9
30-39 years	28.9	26.8	31.1
40-44 years	22.1	19.6	24.9
By race/ethnicity			
American Indian/Alaska Native	36.9	25.2	50.4
Asian	29.6	20.2	41.2
Black/African American	40.6	26.8	56.0
Hispanic/Latino	25.3	21.9	28.9
Native Hawaiian/Other Pacific Islander	39.3	24.8	55.9
White	34.4	32.9	36.0
By Health Improvement Index			
Very low health disparities area	30.6	27.1	34.3
Low health disparities area	31.0	27.6	34.6
Average health disparities area	33.9	30.9	37.2
High health disparities area	36.1	33.3	39.0
Very high health disparities area	33.6	30.1	37.

Folic acid supplementation

Women of reproductive age should be encouraged to take 400 micrograms (mcg) of folic acid daily to help prevent major birth defects in a baby's brain and spine, regardless of whether they are planning a pregnancy or not. WPSI recommends that all women capable of pregnancy take a daily folic acid supplement.

Did not take a multivitamin in the month before last pregnancy [12]			
	Crude %	Lower limit	Upper limit
By age			
18-19 years	76.2	66.7	83.6
20-24 years	52.3	48.3	56.3
25-29 years	39.9	36.8	43.1
30-34 years	36.9	33.4	40.6
35-39 years	35.1	30.3	40.3
40+ years	37.9	27.9	49.0
By race/ethnicity			
White	40.7	38.7	42.7
Other than white	49.4	44.9	54.9
Hispanic	54.7	50.2	59.1
By insurance before pregnancy			
No insurance	63.2	58.3	67.8
Medicaid	53.7	48.0	59.2
Private/group insurance	36.9	34.8	39.1
Other insurance	40.2	31.0	50.3

Pap tests

Cervical cancer screenings look for cell changes in the cervix that might become cervical cancer. WPSI recommends a pap test every 3 years for women aged 21-29 and co-testing with a pap test and HPV test every 5 years for women aged 30-65.

3+ years or never had a pap test			
	Crude %	Lower limit	Upper limit
By age			
21-29 years	37.0	33.9	40.2
30-39 years	21.1	18.9	23.4
40-49 years	24.2	21.8	26.9
50-59 years	30.4	27.4	33.5
60-65	42.7	38.5	47.0
By race/ethnicity			
American Indian/Alaska Native	41.5	27.6	57.0
Asian	44.0	31.6	57.2
Black/African American	48.4	31.4	65.9
Hispanic/Latino	30.9	26.5	35.6

Native Hawaiian/Other Pacific Islander	54.6	36.1	71.9
White	35.0	33.0	36.9
By Health Improvement Index			
Very Low health disparities area	30.1	25.8	34.9
Low health disparities area	33.9	29.9	38.0
Average health disparities area	30.8	27.1	34.7
High health disparities area	33.5	30.3	37.0
Very High health disparities area	43.5	39.0	48.1

Vaccination: influenza, COVID-19, and HPV

Vaccinations are the first line of defense against many viruses and bacteria. Influenza and COVID-19 vaccinations prevent severe illness, hospitalizations, and possibly death. The human papillomavirus (HPV) vaccine offers protection against cancers of the cervix, vagina, vulva, penis, anus, and back of the throat. WPSI recommends adults discuss their immunization status with their healthcare provider and receive or catch up on any needed immunizations.

HPV immunization is recommended for adolescents and falls outside the WPSI recommendations. However, the protection offered by the HPV vaccine lasts throughout a woman's life. In Utah, the percentage of adolescents with up-to-date HPV immunization has increased from 30.5% in 2016 to 45.0% in 2020.[13]

COVID-19 vaccination, as of 5/24/2022 [14]			
	Crude %	Lower limit	Upper limit
Received at least one dose, female			
12-18 years	50.5		
19-29 years	51.3		
30-39 years	49.9		
40-49 years	50.4		

Did not have an influenza vaccine in the past 12 months			
	Crude %	Lower limit	Upper limit
By age			
18-19 years	67.3	61.3	72.8
20-29 years	61.4	58.8	63.9
30-39 years	58.8	56.5	61.1
40-44 years	60.5	57.3	63.6
By race/ethnicity			
American Indian/Alaska Native	70.0	56.8	80.6
Asian	55.4	43.9	66.3
Black/African American	62.7	47.9	75.4
Hispanic/Latino	67.9	64.0	71.6
Native Hawaiian/Other Pacific Islander	62.9	46.5	76.8

White	59.0	57.4	60.7
By Health Improvement Index			
Very low health disparities area	54.9	51.0	58.7
Low health disparities area	58.4	54.8	62.0
Average health disparities area	60.7	57.4	63.9
High health disparities area	63.3	60.4	66.1
Very high health disparities area	64.3	60.6	67.9

Logic model

Resources we currently have	Our approach to the problem	What our target population will know	What our target population will do	Ultimate Impact
Leadership	Health education	<u>Clients</u>	<u>Clients</u>	A shift in the culture and values surrounding routine preventive care –seen as self-care
Partnerships	Epidemiology, surveillance, and evaluation	What routine preventive services are recommended and when they should be received	Receive the recommended preventive services based on their age and risk factors	A healthcare system that is available to accommodate women's needs in order to facilitate more inclusive and comprehensive care (telehealth, community health workers, home visiting)
Data systems (BRFSS, Utah Population Database, IBIS, PRAMS)	Health systems interventions	Where to receive routine preventive care services	<u>Healthcare</u>	Providers implement the preventive care recommendation found in the WPSI Well-Woman Chart
National recommendations on routine preventive care services	Community-clinical linkages	The importance of the annual visit	Address the full range of preventive care and refer women to evidence-based interventions to address health and social needs	Women of reproductive age in Utah have improved health outcomes as a result of receiving routine preventive care
Staff time	Collect and distribute community resources	How to use insurance/Medicaid (insurance literacy)	<u>Health</u>	Reduced health disparities
A diverse group of healthcare and public health experts and community leaders	Targeted outreach to high-risk women	How to advocate for self/loved ones in the healthcare system	Promote routine preventive care to women of reproductive age	
		<u>Healthcare professionals</u>	Use data to create and distribute health education materials, reports, and other materials to the target population	
		How to address the barriers of routine preventive care for women of reproductive age in a clinical setting	Monitor health disparities	
		How to provide patient-centered care		
		<u>Health departments</u>		
		How to address the barriers to routine preventive care for women of reproductive age in a community setting		
		The policy issues/structural/social determinants that should be addressed to improve access and uptake of routine preventive care		

The social-ecological model: a framework for prevention

The social-ecological model (SEM) is a framework that can be used to understand the range of factors-including individuals, relationships, community, and society-that influence health and wellness. The SEM focuses on integrating activities to change the physical and social environments in addition to modifying individual health behaviors.[15]

The Well-Woman Coalition's strategic plan will use the SEM multi-level approach to improve the rate of routine preventive care among women of reproductive age.

Figure 1: social-ecological model [16]

The SEM is a systems model with multiple bands of influence (Figure 1). Implementing activities at each of these levels can have the most significant impact.

Individual level

The innermost band represents the individual who might be affected by the Well-Woman Coalition's strategic plan. We aim to increase a woman's knowledge and influence her attitudes towards and beliefs regarding routine preventive care.

Interpersonal level

The second band surrounds the individual and represents activities intended to facilitate behavior change by affecting social and cultural norms. Friends, family, healthcare providers, community health workers or promotoras, and patient navigators are potential interpersonal messages and support sources.

Organizational level

This 3rd band represents activities intended to facilitate individual behavior change by influencing organizational systems and policies. Healthcare systems, employers or worksites, healthcare plans, local health departments, clinics, and professional organizations are all potential partners.

Community level

The 4th band represents activities implemented at the community level. It aims to change behaviors by leveraging resources and participation of community-level organizations that have direct contact with our priority populations.

Policy level

The 5th and last band represents the policies that promote access and equity and support healthy behaviors.

Social determinants of health

Social determinants of health (SDOH) are the conditions in the environments where people are born, live, learn, work, play, worship, and age that affect a wide range of health functioning and quality-of-life outcomes and risks.[17] Social determinants of health significantly impact women's health, well-being, and quality of life. Examples of SDOH include:

- Housing, transportation, and neighborhoods
- Racism, discrimination, and violence
- Education, job opportunities, and income
- Access to nutritious foods and safe physical activity opportunities
- Polluted air and water
- Language and literacy skills

The SDOH have a significant influence on women's health outcomes. Addressing the SDOH is necessary to have a substantial and lasting impact on women's health in our communities. Screening for SDOH during routine preventive care is an important step in understanding how the social needs of women create access or adherence barriers and can impede efforts to provide evidence-based clinical care.[18]

Strategies, goals, and objectives

Strategic priority 1
Healthy women

Increase women's awareness of and access to the preventive services known to improve health and wellness across their life course.

Goal 1.1: Increase the proportion of women aged 18 and older who receive routine preventive care based on the current recommendations by the Women's Preventive Services Initiative (WPSI).

- Increase the percentage of Utah women with a primary care provider.
- Increase the percentage of Utah women with health insurance.
- Increase telehealth availability of routine preventive care, especially in rural and other underserved communities.

Goal 1.2: Promote the use of the Women's Preventive Services Initiative (WPSI) Well-Woman Chart among clinical providers.

- Share and encourage using the Women's Preventive Services Initiative (WPSI) Well-Woman Chart with providers that regularly see women of reproductive age (family practice, OB/GYN, midwives).
- Assess what is in the electronic health record, identify what is missing and how it can be improved to prioritize preventive care services and screenings.

Goal 1.3: Promote the use of the screening and counseling recommendations outlined in the Women's Preventive Services Initiative (WPSI) Well-Woman Chart among community organizations that work with women of reproductive age.

- Identify and share the evidence-based screening and counseling recommendations that can be done outside of a clinical setting.
- Work with the Utah Department of Health and Human Services (DHHS), local health departments, healthcare systems, and community organizations to create resource sheets and referral guides for patients with further health or social needs.

Strategic priority 2
Healthy communities

Increase opportunities for under-resourced and under-represented women in Utah to enjoy the best health possible.

Goal 2.1: Partner with medical and public health professionals and community organizations to provide information on and assistance with receiving routine preventive care.

- Explore the possibility of creating a supplemental online education course that focuses on preconception health and routine preventive care for community health workers.
- Work with local health departments, federally qualified health centers/clinics, and local governments to educate their communities on routine preventive care.
- Work with student health services at universities and community colleges to encourage their students to access routine preventive care.
- Partner with Medicaid to aid individuals aged 18-20 in the early periodic screening, diagnosis, and treatment (EPSDT) program to transition from pediatric to adult care and identify a primary care provider.

Goal 2.2: Create a marketing plan for women of reproductive age that educates on components of routine preventive care, why it is important, and where to receive care.

- Develop health education materials and messages on the benefits of routine preventive care.
- Make sure that all health education materials are accessible, actionable, conform to plain language principles, are culturally informed, and available in multiple languages.
- Use social media to share information, education, and resources on women's health topics, including routine preventive care, family planning, preconception health, mental health, etc.
- Increase the number of women who see and engage with the social media content.
- Review, revise, and update the Power Your Life website and information booklets.

Strategic priority 3
Equitable systems

Increase the capacity of systems to support, promote, and provide preventive care and services to women in Utah.

Goal 3.1: Use data to understand and monitor women's access to routine preventive care.

- Create a baseline report on the state of routine preventive care in women of reproductive age, highlighting health disparities and inequities.
- Update the 2013 Utah Preconception and Interconception Health Report on key women's health indicators.
- Include a question on the Utah Behavioral Risk Factor Surveillance System (BRFSS) asking why women of reproductive age did not receive routine preventive care in the last year.

Goal 3.2: Work with Medicaid and other payers to cover and reimburse for all the evidence-based recommendations outlined by the Women's Preventive Services Initiative (WPSI) Well-Woman Chart.

- Assess the current coverage and reimbursement policies for the WPSI recommended preventive services for women.
- Partner with community organizations that provide health insurance information, referral, and enrollment assistance to assist uninsured women with navigating the health coverage programs for which they may qualify.
- Work with payers to provide incentives to members who receive routine preventive care.
- Educate on how to bill for WSPI recommended preventive services.
- Educate providers on Utah Medicaid wellness visit codes. Patients over the age on 18 can be seen for one wellness visit annually covered under the following codes:
    - 99385 for new patients, ages 18-39
    - 99395 for established patients, ages 18-39
    - 99386 for new patients, ages 40-64
    - 99396 for established patients, ages 40-64

Goal 3.3: Partner with worksite wellness programs to increase the number of worksites with policies that provide employees with paid time off to receive routine preventive care.

- Partner with the Utah Worksite Wellness Council to identify worksites with a wellness policy that includes information on routine preventive care.
- Assess the use of worksite wellness policies that provide paid time off to receive routine preventive care.
- Encourage worksites to include paid time off to receive routine preventive care in their wellness policies.

Goal 3.4: Encourage healthcare providers to screen for social determinants of health (SDOH) during routine preventive care appointments.

- Identify SDOH screening instruments that can be used during routine preventive care appointments.
- Collaborate with healthcare organizations, payers, Medicaid, and professional organizations to provide a guide on community resources and referrals that providers can use to meet their women's social needs.

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