**Slide 1**



**Disability Policy Consortium**

**Women’s Health:   
an overview of barriers and opportunities to meet the needs of women in One Care**

**Slide 2**

**Starting the conversation: elevating the voice of women enrolled in One Care**

Women on the Implementation Council put together a small workgroup to:

* Begin a conversation about the unique needs of women
* Work with the Implementation Council to strategize about:
  + Improving access to physically accessible care
  + Ensuring Population appropriate care for women with SUD, mental health, SDOH needs
  + Improving health equity across the intersection of race, ethnicity, GBLTQ and other groups across the lifespan

**Slide 3**

**Why focus on women? It is about time!**

Research shows:

* Many pregnant women with physical disabilities in Massachusetts are not weighed as doctors may not have necessary equipment.
* Women with disabilities are less likely to have routine pap smears and mammograms due to lack of knowledge of the need for such tests and doctors’ lack of necessary equipment.1
* Women with disabilities are less likely to get prenatal care.2

Sources: 1. MASSLIVE (2016). Bill seeks to address health care disparities among people with disabilities in Bay State. <http://www.masslive.com/politics/index.ssf/2016/03/bill_would_create_office_to_ad.html>. Accessed 12/15/17.

2. https://commed.umassmed.edu/news/2015/02/12/first-study-pregnant-women-intellectual-and-developmental-disabilities-reveals

**Slide 4**

**Accessible and Inaccessible exam tables**

*Images included on this slide*

* The first picture is an accessible exam table lowers to wheelchair height so there is no need to step up to the table
* The second picture is an inaccessible exam table is a standard step-up exam table found in most medical exam offices

**Slide 5**

**Pregnant woman (who uses crutches for mobility) getting onto an inaccessible examination table**

*Images included on this slide*

* *The first picture is a pregnant woman supporting her body weight with crutches to get her legs onto the very small step of the inaccessible exam table*
* *The second picture is the same woman turning her body so she can sit on the inaccessible examination table using one crutch for balance with a crutch leaning on the ground*

**Slide 6**

**Psychosocial needs**

* According to a comprehensive 2002 study, “Women with disabilities had significantly lower self-cognition and self-esteem, and greater social isolation than the women without disabilities, as well as significantly less education, more overprotection during childhood, poorer quality of intimate relationships, and lower rates of salaried employment.”3
* More recent research shows that at a minimum, women with disabilities experience abuse the same rate as nondisabled individuals.
* Risk factors leading to abuse and neglect include " increased risk of isolation, abuse by multiple potential perpetrators, dependency as a result of disability, difficulties identifying and naming disability related abuse, and cultural/societal barriers.” 4

3 [Social Science & Medicine](https://www-sciencedirect-com.ezproxy.bu.edu/science/journal/02779536) [Volume 56, Issue 8](https://www-sciencedirect-com.ezproxy.bu.edu/science/journal/02779536/56/8), April 2003, Pages 1737-1747 Self-esteem and women with disabilities Author links open overlay pane l [Margaret Anoseka Rosemary Bhughes aNancySwedlund aHeather Btaylora PaulSwankb](https://www-sciencedirect-com.ezproxy.bu.edu/science/article/pii/S0277953602001697)  
4 Women With Disabilities’ Experience With Physical and Sexual Abuse: Review of the Literature and Implications for the Field, Sara-Beth Plummer and Patricia A. Findley. Trauma, Violence, & Abuse, Vol 13, Issue 1, pp. 15 – 29

**Slide 7**

**The connection between body image and isolation**

A woman with a prosthetic limb was unable to get an appropriate stocking to cover her prosthetic. As a result, she stopped attending her church because she felt self conscious when she went out in public.

**Slide 8**

**Barriers to reproductive healthcare for people with psychiatric diagnoses**

* Women with psychiatric diagnoses are:
* Less likely to receive prenatal care.5
* Less likely to receive pap smears, breast exams, and mammograms.6

1. MGH Center for Women’s Mental Health (2018). Psychiatric disorders during pregnancy. https://womensmentalhealth.org/specialty-clinics/psychiatric-disorders-during-pregnancy/?doing\_wp\_cron=1513351515.8253760337829589843750. Accessed 6/25/18.
2. Treatment Advocacy Center Office of Research & Public Affairs (2018). http://www.treatmentadvocacycenter.org/storage/documents/women-and-smi.pdf. Accessed 6/25/18.

**Slide 9**

**Recommendations for the Implementation Council**

* We urge the Implementation Council to **make a motion** requesting that MassHealth clarify the ability of One Care enrollees to utilize their personal care attendant, certified peer specialists, and other supports as needed, to ensure access to services.

**Slide 10**

**Recommendations for the Implementation Council**

* The implementation Council create a time-limited work group charged with the task of developing policies, practices and procedures that will increase the capacity and competency of plans to meet the needs of women. The workgroup should include representatives from:
* Council members/One care members
* MassHealth
* Plans
* The field of women’s health and disability

**Slide 11**

**Recommendations for the Implementation Council**

* The Implementation Council should encourage MassHealth to raise awareness about trainings for providers that will help providers become more educated about the unique healthcare needs of women with disabilities.
* Some existing resources for providers include
  + Relationships Matter!: Webinar series that educates providers about how to help female patients who have behavioral needs, form more positive relationships.7
  + MDPH Healthy Relationships, Sexuality and Disability Resource Guide. (Information for providers and people with disabilities.8

1. https://www.samhsa.gov/women-children-families/trainings/relationships-matter
2. http://www.mass.gov/eohhs/docs/dph/com-health/prevention/hrhs-sexuality-and-disability-resource-guide.pdf

**Slide 12**

**Research from the Disability Policy Consortium (DPC)**

* The DPC has been conducting research on this topic and has published brief reports on:
  + Violence against people with disabilities,
  + Access barriers faced by women with disabilities who seek reproductive healthcare services.
* The DPC has also published a resource guide to help people with disabilities who are, or may be, experiencing violence.
* All of these documents can be found here: <http://www.dpcma.org/dpc-call-to-action/>

**Slide 13**

**Discussion**

For more resources about the intersection of women's health and disability you can contact Maggie Sheets at [msheets@myombudsman.org](mailto:msheets@myombudsman.org)