



Health Education Priorities: Perspectives from Women's Voices

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Purpose

Determine women's perceived health care information needs among diverse women in geographic locations throughout the state.



Design and methods

Descriptive, qualitative study utilizing a series of eight focus groups conducted in a variety of geographic and ethnic communities in the state over an 18 month period



Focus group location and participants

Location	Race/Ethnicity	N
Rural western state	Latina	11
Rural northern state	Caucasian	10
Rural western state	Caucasian	11
Reservation, northern state	American Indian	19
Urban	Latina	6
Urban	American Indian	10
Urban	Hmong	9
Urban	West African	11



Education

Less than 12th grade 9 (11.3)

High school or GED 19 (23.8)

Technical school 6 (7.5)

Some college 24 (30.0)

Graduated college 22 (27.5)



Ethnicity

White 21 (25.0)

Black 11 (13.1)

Hispanic 14 (16.7)

Asian 9 (10.7)

Native American 25 (29.8)

Mixed race 4 (4.8)



Reported Health Status

Excellent	10 (11.6)
Very good	34 (39.1)
Good	23 (26.4)
Fair	16 (18.6)
Poor	1 (1.2)
Not sure	2 (2.3)



Focus group questions

- 1) What concerns you most about your health?
- 2) How do you currently receive information about women's health topics?
- 3) What kind of information will cause you to make a change in your health behavior?
- 4) What kind of event will cause you to make a change in your health behavior?



Focus group questions

- 5) What health topics or issues that you would like more information about related to your own health?
- 6) How would you like to receive this information?
- 7) What would help you pay more attention to your own health?
- 8) Is there anything else related to health information you would like to talk about?



Six themes

- *Methods women use to gather desired health information*
- *Women's concerns about their health*
- *Women's perspectives on taking care of themselves*
- *Motivators and barriers to healthy behavior changes*



Quotes

“Nutrition! You hear all these things and then they change their minds every few years down the line. One day eggs are good for you, the next day they’re bad for you, the next day they are good for you again; not as bad as everyone thought they were. Listen to everything and take it with a grain of salt and you eat what you want anyway.”



Quotes

“One thing that has been concerning me a lot right now is menopause because I am turning 50 and all my close friends and sisters are all really close in age to me and we are all going through menopause, so having hot flashes and trouble sleeping, gaining weight, just all the stuff. So I start worrying about bone loss because my mom has really bad osteoporosis...”



Quotes

“I think that unfortunately, we women somehow or another, it’s like we have to have permission to take care of ourselves and it seems so foolish when you say it out loud.”



Quotes

“And the money, too. At school I can get the nice salad for like \$4 and the French fries are \$1.50 and now I have to stick with the salad or make my own and just today I got groceries and got all the vegetables and none of the fruit – And I spent more on groceries than ever just buying all the healthy things.”



Six themes

- *Access to and navigation of the health system*
- *Opportunities for action by health care providers, and the health system and communities*



Quotes

“I am also without insurance and sometimes I feel pretty sick but all I do is pray to God for good health, because in reality I cannot afford to go to a doctor since here it’s terribly expensive. Same [for] a dentist or a physical check up. You have to wait until you get insurance through a job, otherwise...”



Quote

“I would like to see more of a focus on them looking at your overall health and recommending things, even if that's not specifically came in for, to treat you more as an overall - And just kind of looking at your overall health instead of just what you specifically came in for this time. ”



Quotes

“I think a good idea would be for exercise and stuff, if there were a program where women could bring their children and exercise and have activities for their kids because there are a lot of women who can't go out and do things because they have kids at home. So if there was a program where they could bring their kids or their grandkids or whatever, and even if they gave information to the kids of how they can, beforehand, before things get any worse, that they could keep up on exercise. Because you even see young kids with diabetes. You try to stop it and get them exercising and eating healthy and stuff like that, a program like that would help.”



Messages

- preference for group health-related support
 - group sessions to receive, discuss and clarify health information
 - group sessions, or partnering with other women, for exercise and other health related activities



Messages

- group sessions were described as ideal if they included opportunities for family participation and child care
- women in several of the focus groups perceived a benefit from participation in the focus group discussion and requested additional sessions



Summary

Health care providers, communities, and health systems can partner with women to develop and provide meaningful opportunities for women to learn more about their health.

Potential to affect both women's and their families' health at the same time.

Clinics and providers need to help women understand how to find and evaluate the best possible health information publicly available

Perhaps a health care information specialist role can be developed